FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000074406 (6)

ITS - INTERNATIONAL TRADE SERVICES, INC.

Principal Place of Business

Mailing Address

5824 SW 146TH CT MIAMI FL 33183 5824 SW 148TH CT MIAMI FL 33183-1006

FILED Mar 24 1997 8:00am Secretary of State



							ate of Last Report /02/1996	
	ace of Business	2a. Mailing Address	أساسا		4. FEI Number		<u> </u>	plied For
21 8249 NW 36th STREE Suite, Apt #, etc 22 SUITE 102 City & State 23 MIAM! - FL Zip Country 24 33166 25 USA) 36 ti	STREET	65-0616128			t Applicable
		Suite, Apt #, etc. 27 SUITE 102		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
		City & State 28 MIAMI —	FL		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
		^{7φ} 33 166	30 Co.	untry USA	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
	Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered A	gent	
ZAM	NITH, PAULO C			81 Name				
5824 SW 146TH CT MIAMI FL 33183				82 Street Address (P.O. Box Number is Not Acceptable)				
MINMI FL 33103				83				
				84 City		FL	85 Zip (Code
edition for a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	ol Florida. Such change wa	as authorize	ed by the corporation	oration submits this statement for the pon's board of directors. I hereby accept	ot the appo	iniment as	registerea
SIGNATURE	Platestail Signature, type Tox printed trainer of registered agin	DAU PAU	LO C.	ZAMITH ed Agent signature require	d when reinstating)	DATE	11/9	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC			
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, the Lam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GONATURE AND TYPED OR PRINTED NAME OF SIGNING SPICER OR I

03/4

(305) 5970333