

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000080641 (0)**  
 1. Corporation Name

**IWCC INTERNATIONAL WEB SITE CONSTRUCTION CO.**



Principal Place of Business: **1720 TIGERTAIL AVE MIAMI FL 33133**  
 Mailing Address: **1720 TIGERTAIL AVE MIAMI FL 33133**

3. Date Incorporated or Qualified: **10/18/1995**  
 3a. Date of Last Report  
 4. FEI Number: **65-0622689**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
 21. **156 ALMERIA AV.**  
 Suite, Apt #, etc.  
 22. **SUITE 203**  
 City & State  
 23. **CORAL GABLES**  
 Zip: **33134** Country: **USA**  
 29. Zip: Country: 30.

9. Name and Address of Current Registered Agent  
**GRINFEDER, GILLES K**  
**3764 CARMEN CT**  
**MIAMI FL 33133**

10. Name and Address of New Registered Agent  
 81 Name: **GABRIEL PRATS**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **151 MAJORCA AVE. - SUITE C**  
 84 City: **CORAL GABLES** FL 85 Zip Code: **33134**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **6/13/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GRINFEDER, GILLES K</b>	
STREET ADDRESS	<b>3764 CARMEN CT</b>	
CITY - ST - ZIP	<b>MIAMI FL 33133</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NETO, JOSE A</b>	
STREET ADDRESS	<b>9570 JOURNEY'S END RD</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL 33156</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>GRINFEDER, GILLES K.</b>	
13 STREET ADDRESS	<b>156 ALMERIA AV. - SUITE 203</b>	
14 CITY - ST - ZIP	<b>CORAL GABLES, FL 33134</b>	
21 TITLE	<b>DST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>GORDO, JOSE A.</b>	
23 STREET ADDRESS	<b>156 ALMERIA AV. - SUITE 203</b>	
24 CITY - ST - ZIP	<b>CORAL GABLES, FL 33134</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **06/13/1996** (805) 250-7344

CR2E034 (3/96)