

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000082037 (9)

1. Corporation Name

INTERNATIONAL COLLECTORS EXCHANGE, INC.

Principal Place of Business

19195 MYSTIC POINTE DRIVE #1006
AVENTURA FL 33180

Mailing Address

19195 MYSTIC POINTE DRIVE #1006
AVENTURA FL 33180



2. Principal Place of Business

2a. Mailing Address

21 12000 Biscayne Blvd

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 miami florida

28 Same

24 Zip

29 Zip

25 Country

30 Country

24 33180

29 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/23/1995

3a. Date of Last Report

10/23/95

4. FEI Number

65-0615301

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

10. Name and Address of New Registered Agent

COHEN, PAULINE

19195 MYSTIC POINTE DRIVE #1006
AVENTURA FL 33180

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Pauline Cohen

(NOTE: Registered Agent signature required when re-registering)

4-19-96

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
COHEN, PAULINE
19195 MYSTIC POINTE DRIVE #1006
AVENTURA FL 33180

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BLANCO, MINDY
20850 SAN SIMEON WAY APT. 605
NORTH MIAMI BEACH FL 33179

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
STD
COHEN, ROSALYN
19195 MYSTIC POINTE DRIVE #1006
AVENTURA FL 33180

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP.
Blanco, Mindy
26200 W. Country Club DRIVE PH 22
Aventura, Florida 33180

200001819772
-05/14/96--01015--031
***200.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Pauline Cohen

4-19-96

Date

305/899-7977

Daytime Phone #

CR2E034 (12/95)