

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

FILED
Mar 25 1997 8:00am
Secretary of State

DOCUMENT # P95000082037 (9)

1. Corporation Name

INTERNATIONAL COLLECTORS EXCHANGE, INC.

Principal Place of Business

12000 BISCAYNE BLVD.
606
MIAMI FL 33181

Mailing Address

12000 BISCAYNE BLVD.
606
MIAMI FL 33181-2703

3. Date Incorporated or Qualified
10/23/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

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

9. Name and Address of Current Registered Agent

COHEN, PAULINE
19195 MYSTIC POINTE DRIVE #1008
AVENTURA FL 33180

10. Name and Address of New Registered Agent

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 607.1506, 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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

NAME COHEN, PAULINE

STREET ADDRESS 19195 MYSTIC POINTE DRIVE #1008

CITY-STATE-ZIP AVENTURA FL 33180

11 TITLE ☐ DELETE

NAME BLANCO, MINDY

STREET ADDRESS 20200 W. COUNTRY CLUB DR., PH-22

CITY-STATE-ZIP AVENTURA FL 33180

11 TITLE ☐ DELETE

NAME COHEN, ROSALYN

STREET ADDRESS 19195 MYSTIC POINTE DRIVE #1008

CITY-STATE-ZIP AVENTURA FL 33180

11 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

11 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

11 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. 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; that I am an officer or director of this 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, attach in attachment with an address.

SIGNATURE:

Roselyn Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/97

305/899-7977

CR2E034 (9/96)