

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000095628 (0)

1. Corporation Name
TICEN, INC.

Principal Place of Business

~~48800 N.W. 2ND AVE., SUITE 211G~~
~~MIAMI FL 33169~~

Mailing Address

~~18800 N.W. 2ND AVE., SUITE 211G~~
~~MIAMI FL 33169~~



2. Principal Place of Business 21 6353 W. ROGERS CIRCLE Suite, Apt. #, etc. 22 SUITE #1 City & State 23 BOCA RATON, FL Zip 24 33487 Country 25 USA	2a. Mailing Address 26 P.O. Box 3760 Suite, Apt. #, etc. 27 City & State 28 BOCA RATON, FL Zip 29 33427 Country 30 USA
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3. Date Incorporated or Qualified 12/18/1995	3a. Date of Last Report 04/06/1996
4. FEI Number 65-0652323 APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HORN, MARK ESO 18800 NW 2ND AVENUE SUITE 211-G MIAMI FL 33169		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	
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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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS HAHAMOVITCH, HARRY 18800 N.W. 2ND AVE., SUITE 211G MIAMI FL 33169	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D/P/H/V/S/T HAHAMOVITCH, HARRY 6353 W. ROGERS CIRCLE, #1 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD NEHORAY, MEIR Z' 18800 NW 2ND AVENUE SUITE 211-G MIAMI FL 33169	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - 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 supplement to 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 registered agent 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 for an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY HAHAMOVITCH, PRESIDENT

4-15-97

561-994-2233

Date

Daytime Phone #

0230436

CR2E034 (9/96)