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 # P96000023377 (0)

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

INTERNATIONAL CLAMP, INC.

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Principal Place of Business Mailing Address												
14104 GW 139TH COURT MIAMI FL 33186			1410	14104 SW 139TH COURT MIAMI FL 33188-5544								
								3	Date Incorporated or Qualified 03/11/1996	3a . Da	ite of L	ast Report
1	 Principal Place of But 	siness	2a.	2a. Mailing Address				4	FEI Number			Applied For
21]	26	26					65-0646493			Not Applicable	
2;				Suite, Apt. #, etc.				5. Certificate of Status Desired				.75 Additional ee Required
23	City & State			City & State 28				6	Election Campaign Financing Trust Fund Contribution			5.00 May Be dded to Fees
24	Zip I	Zip Country Zip C 25 29 30					8. This corporation has liability for in angible tax under s. 19 Florida Statutes				ider s. 199.032,	
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
TEJEDA, SARA I 44104 SW 139TH COURT MIAMI FL 33186						81 82 83	Name Street Addre	ss (e)			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the							City	FL 85 Zip Code				
	office or registered a agent. I am familiar	agent, or both, in the S with, and accept the o	State of Florida obligations of,	Such change was Section 607.0505, FI	authorized orida Stati	by utes	the corporations.	nau on's	board of directors. I hereby accept	the app	ointme	ant as registered

TITLE DELETE 1.1 TITLE Change Addition TEJEDA, SARA I NAME 1.2 NAME 14104 SW 139TH COURT STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 \$1REE1 ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. C(1) - \$1 - Z(P

4.1 TITLE

4. 2 NAME

51 WILE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

44 CHY-ST-ZIP

DELETE

DELETE

DELETE

13.

(NOTE: Registered Agent signature required when reinstating)

70000213412 -04/04/97--01039--027 ***165.00 14. I do hereby certify that the information supplied with this filling 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 I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statules; and that a appears in Block 12 or Block 13 if changes, on attachment with an address.

2 1/1-97

FILED

Apr 04 1997 8:00am

Secretary of State

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change

Change

Change

Addition

Addition