

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
Jan 23 1997 8:00am
Secretary of State

DOCUMENT # P96000062208 (9)

1. Corporation Name

INTERNATIONAL DATA DEPOSITORY, INC.



Principal Place of Business

Mailing Address

241 SEVILLA AVENUE
SUITE 805
CORAL GABLES FL 33134

241 SEVILLA AVENUE
SUITE 805
CORAL GABLES FL 33134

2. Principal Place of Business

21 5195 N.W. 77th Avenue

Suite, Apt. #, etc.

22 City & State

23 Miami, FL

24 Zip 33166

Country

25 USA

2a. Mailing Address

26 5195 N.W. 77th Avenue

Suite, Apt. #, etc.

27 City & State

28 Miami, FL

29 Zip 33166

Country

30 USA

3. Date Incorporated or Qualified

07/25/1996

3a. Date of Last Report

4. FEI Number

65-0706227

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

CUTLER, H. JEFFREY ESQUIRE
241 SEVILLA AVENUE
SUITE 805
CORAL GABLES FL 33134

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 607.1508, 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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SCHENKMAN, JOEL
STREET ADDRESS 241 SEVILLA AVENUE, SUITE 805
CITY - ST - ZIP CORAL GABLES FL 33134

TITLE STD ☐ DELETE

NAME SCHENKMAN, RANDY
STREET ADDRESS 241 SEVILLA AVENUE, SUITE
CITY - ST - ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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

11 TITLE PD ☒ Change ☐ Addition

12 NAME Schenkman, Joel
13 STREET ADDRESS 5195 N.W. 77th Avenue
14 CITY - ST - ZIP Miami, FL 33166

21 TITLE STD ☒ Change ☐ Addition

22 NAME Schenkman, Randy
23 STREET ADDRESS 5195 N.W. 77th Avenue
24 CITY - ST - ZIP Miami, FL 33166

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)