

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

**FILED**

**May 01 1997 8:00am  
Secretary of State**

PROFIT-CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P16000062362  
1. Corporation Name  
**INTERNATIONAL COMMERCIAL CONNECTION, INC.**

Principal Place of Business <b>10201 NW 3RD CT. PEMBROKE PINES, FL. 33026</b>	Mailing Address <b>SAME</b>
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2. Principal Place of Business 21 <b>10201 NW 3RD. CT.</b>	26. Mailing Address 26 <b>SAME</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>PEMBROKE PINES, FL.</b>	28 City & State
24 Zip <b>33026</b>	25 Country <b>USA</b>
29 Zip	30 Country

3. Date Incorporated or Qualified <b>7-25-96</b>	3a. Date of Last Report
4. FEI Number <b>65-0707907</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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

10. Name and Address of New Registered Agent

81 Name <b>MARIA DA GLORIA MESSIAS ESTANISLAW</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>10201 NW 3RD CT.</b>
83
84 City <b>PEMBROKE PINES</b>
85 Zip Code <b>FL 33026</b>

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: *Maria Estanislau* **4-14-97**

12. OFFICERS AND DIRECTORS

TITLE <b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME <b>MARIA DA GLORIA MESSIAS ESTANISLAW</b>	
STREET ADDRESS <b>10201 NW 3RD CT.</b>	
CITY-ST-ZIP <b>PEMBROKE PINES, FL. 33026</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**800002166788**  Change  Addition  
**-05/06/97--01019--020**  
**\*\*\*165.00**

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 in an attachment with an address.

SIGNATURE: *Maria Estanislau* **4-14-97 (315) 438-6659**

CR2E034 (9/96)