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FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000063019 (9)

1. Corporation Name
F.I.D. INTERNATIONAL, INC.



Principal Place of Business Mailing Address
9999 SUMMER BREEZE DRIVE, SUITE 720 9999 SUMMER BREEZE DRIVE, SUITE 720
SUNRISE FL 33322 SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 1835 S.W. 81 Terr. | 26 1835 S.W. 81 Terr. | 3. Date Incorporated or Qualified 07/29/1996 | |
| Suite, Apt. #, etc. | | 4. FEI Number 65-0697631 | |
| 22 City & State Davie | | Applied For Not Applicable | |
| 23 Zip 33324 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 Country FL | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 29 Zip 33324 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 30 Country FL | | | |

9. Name and Address of Current Registered Agent

DAHAN, ITAMAR
9999 SUMMER BREEZE DRIVE, SUITE 720
SUNRISE FL 33322

10. Name and Address of New Registered Agent

| | |
|-------------------------------------------------------|--------------------|
| 81 Name | DAHAN, ITAMAR |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | 1835 SW 81 Terrace |
| 84 City | Davie |
| 85 Zip Code | 33324 |

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

| | | |
|----------------|-------------------------------------|---------------------------------|
| TITLE | PS | <input type="checkbox"/> DELETE |
| NAME | DAHAN, FELIX | |
| STREET ADDRESS | EWYAHAV ARAVA | |
| CITY-ST-ZIP | ISRAEL 86820 | |
| TITLE | VT | <input type="checkbox"/> DELETE |
| NAME | DAHAN, ITAMAR | |
| STREET ADDRESS | 9999 SUMMER BREEZE DRIVE, SUITE 720 | |
| CITY-ST-ZIP | SUNRISE FL 33322 | |
| 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 | |

14. I 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 as an attachment with an address.

SIGNATURE

[Signature]

4/16/98 954-6845503

CR2E034 (10/97)