


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

FILED

May 19 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 # **P416000072358**
1. Corporation Name
Innovative Technology Distributors, Inc.

Principal Place of Business Mailing Address
2280 SW 70th Avenue Unit 3 2280 SW 70th Ave
Davie, FL 33317 Unit 3
Davie, FL 33317

2. Principal Place of Business 21 2280 SW 70th Avenue Suite, Apt. #, etc. 22 Unit 3 City & State 23 Davie, FL Zip 24 33317		2a. Mailing Address 26 2280 SW 70th Avenue Suite, Apt. #, etc. 27 Unit 3 City & State 28 Davie, FL Zip 29 33317 Country 30 USA		3. Date Incorporated or Qualified 8/30/96	3a. Date of Last Report
				4. FEI Number 65-0690082	Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Carmen Cunha
2280 SW 70th Avenue Unit 3
Davie, FL 33317

10. Name and Address of New Registered Agent

81 Name
Carmen Cunha
82 Street Address (P.O. Box Number is Not Acceptable)
2280 SW 70th Avenue Unit 3
83
84 City
Davie
FL 85 Zip Code
33317

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 *Carmen Cunha*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/9/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cunha, Cesar	1.2 NAME	
STREET ADDRESS	2280 SW 70th Ave Unit 3	1.3 STREET ADDRESS	2280 SW 70th Avenue Unit 3
CITY-ST-ZIP	Davie, FL 33317	1.4 CITY-ST-ZIP	Davie, FL 33317
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	de Oliveira, Jaime F.	2.2 NAME	
STREET ADDRESS	Av T-01, 2630 Setor Bueno	2.3 STREET ADDRESS	
CITY-ST-ZIP	Goiania, Goias 74215-100 Brasil	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carmen Cunha	3.2 NAME	
STREET ADDRESS	5340 NW 55th Blvd # 201	3.3 STREET ADDRESS	
CITY-ST-ZIP	Coconut Creek, FL 33073	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Naples, Anthony	4.2 NAME	
STREET ADDRESS	1532 Argyle Drive # 3	4.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*****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 (changed), or on an attachment with an address.

SIGNATURE: *Carmen Cunha*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARMEN CUNHA

5/9/97 (954)382-1773
Date Daytime Phone #

CR2E034 (9/96)