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FILED

Jun 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000000724 (9)

1. Corporation Name

INFORMATION TECHNOLOGIES, MARKETING AND DEVELOPM  
ENT CORP.

Principal Place of Business

30 NORTH MASHTA DRIVE, SUITE 405  
KEY BISCAYNE FL 33149

Mailing Address

30 NORTH MASHTA DRIVE, SUITE 405  
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1997

4. FEI Number

65-0716037

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 30 WEST MASHTA DR.

Suite, Apt. #, etc.

22 SUITE 405

City & State

23 KEY BISCAYNE, FL

Zip

24 33149

County

25 DADE

2a. Mailing Address

26 30 WEST MASHTA DR.

Suite, Apt. #, etc.

27 SUITE 405

City & State

28 KEY BISCAYNE, FL

Zip

29 33149

Country

30 DADE

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
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, typed or printed name of registered agent (and title, if applicable)

(NOTE: Registered Agent signature required after reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
VALERIUS, GLADYS DELIA  
30 NORTH MASHTA DRIVE, SUITE 405  
KEY BISCAYNE FL 33149

DELETE

TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
HERMAN VALERIO  
30 NORTH MASHTA DRIVE, SUITE 405  
KEY BISCAYNE, FL 33149

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change Addition

9000002559339

06/15/98 01028 029

\*\*\*150.00

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 in an attachment with an address.

SIGNATURE

4/2/98 (305) 361-5140

CR2E034 (10/97)