


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

FILED

Jun 10 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 # P97000097293 (9) 1. Corporation Name ITEX USA, INC.					
Principal Place of Business 45 N.E. 104TH STREET MIAMI SHORES FL 33138			Mailing Address 45 N.E. 104TH STREET MIAMI SHORES FL 33138		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/14/1997 4. FEI Number 65-0815687 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent WALKER, MICHAEL B ESQ. WAMPLER, BUCHANAN & BREEN, P.A. 900 SUN TRUST BLDG. 777 BRICKELL AVE. MIAMI FL 33131				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 607.0802 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS TITLE D NAME ZAMOR, ETZER STREET ADDRESS 45 N.E. 104TH STREET CITY-ST-ZIP MIAMI SHORES FL 33138 TITLE D NAME VISWANATHAN, PADMA PH.D. STREET ADDRESS 45 N.E. 104TH STREET CITY-ST-ZIP MIAMI SHORES FL 33138 TITLE D NAME VISWANATHAN, PADMA PH.D. STREET ADDRESS 45 N.E. 104TH STREET CITY-ST-ZIP MIAMI SHORES FL 33138 TITLE D NAME VISWANATHAN, PADMA PH.D. STREET ADDRESS 45 N.E. 104TH STREET CITY-ST-ZIP MIAMI SHORES FL 33138 TITLE D NAME VISWANATHAN, PADMA PH.D. STREET ADDRESS 45 N.E. 104TH STREET CITY-ST-ZIP MIAMI SHORES FL 33138 TITLE D NAME VISWANATHAN, PADMA PH.D. STREET ADDRESS 45 N.E. 104TH STREET CITY-ST-ZIP MIAMI SHORES FL 33138			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		



DO NOT WRITE IN THIS SPACE

SIGNATURE: *Etzer Zamor*

3/5/98 (954) 680-0624

CR2E034 (10/97)