


**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90229 038 \*\*\*158.75

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000035049**

1. Corporation Name  
**ICC-INTER COMP. CORP.**

Principal Place of Business

**1200 MIAMI GARDENS DRIVE #804**  
**N. MIAMI BEACH FL 33179**

Mailing Address

**1200 MIAMI GARDENS DRIVE #804**  
**N. MIAMI BEACH FL 33179**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/17/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0828850	
24 Country		29 Country		Applied For	
25		30		Not Applicable	
26		31		5. Certificate of Status Desired	
27		32		X \$8.75 Additional Fee Required	
28		33		6. Election Campaign Financing - Trust Fund Contribution	
29		34		5.00 May Be Added to Fees	
30		35		8. This corporation owes the current year Intangible Personal Property Tax.	
31		36		Yes No	

b. Name and Address of Current Registered Agent

**SHOMAR, JOSEPH**  
**17439 N.W. 66 COURT**  
**MIAMI FL 33015**

10. Name and Address of New Registered Agent

81 Name **SHLOMO ATTAS**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**12820 W. DIXIE HWY**  
 83  
 84 City **N. MIAMI BCH** **FL** 85 Zip Code **33180**

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]* **S.T.O. SHLOMO ATTAS** **4-28-99**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P.D.
NAME	LEVI, DALIA	1.2 NAME	ACHIAZ OZ
STREET ADDRESS	1200 MIAMI GARDENS DRIVE #804	1.3 STREET ADDRESS	1300 N.W. MIAMI GARDENS DR #201
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	1.4 CITY-ST-ZIP	N. MIAMI BCH FL 33179
TITLE		2.1 TITLE	V.P.D.
NAME		2.2 NAME	LILY ATTAS
STREET ADDRESS		2.3 STREET ADDRESS	20941 N.E. 21 CT.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	N. MIAMI BCH FL 33179
TITLE		3.1 TITLE	S.T.O.
NAME		3.2 NAME	SHLOMO ATTAS
STREET ADDRESS		3.3 STREET ADDRESS	20941 N.E. 21 CT.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	N. MIAMI BCH FL 33179
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SHLOMO ATTAS** **4-6-99** **305-9372180**  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)