


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S33263 (2)</b> 1. Corporation Name I.C.T. INTERNATIONAL CELLULAR TELEPHONE, INC.			
Principal Place of Business 3208 GRAND AVENUE COCONUT GROVE FL 33133 US		Mailing Address 3208 GRAND AVENUE COCONUT GROVE FL 33133 US <i>NEW ADDRESS</i>	
2. Principal Place of Business 21 7875 NW 29 ST Suite, Apt. #, etc. 22	2a. Mailing Address 26 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 02/21/1991	3a. Date of Last Report 04/25/1986
23 City & State Miami FL Zip 33122 Country U.S.A.	28 City & State Zip Country	4. FEI Number 65-0242602	Applied For Not Applicable
9. Name and Address of Current Registered Agent ROJAS, ARNULFO 1840 W 49TH ST N-220-16 HIALEAH FL 33012		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
SIGNATURE Signature, typed or printed name of registered agent and job, if applicable (NOTE: Registered Agent signature required when reinstating)		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12. OFFICERS AND DIRECTORS		10. Name and Address of New Registered Agent	
TITLE VPD NAME WILKINSON, STEVEN W STREET ADDRESS 10005 SW 200 ST. CITY-ST-ZIP MIAMI FL		81 Name	
TITLE PD NAME POSADA, FEDERICO STREET ADDRESS 10500 SW 99 STR CITY-ST-ZIP MIAMI FL		82 Street Address (P.O. Box Number is Not Acceptable)	
TITLE SD NAME POSADA, ELIZABETH A STREET ADDRESS 10500 SW 99 STR CITY-ST-ZIP MIAMI FL		83	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		84 City FL 85 Zip Code	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		86	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		87	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		88	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		99	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		100	



DO NOT WRITE IN THIS SPACE

CR2E034 (4/97)

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 if changed, or on an attachment with an address.

SIGNATURE  
8-11-97