## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

S73099

1. Corporation	MENT # \$7309					
FIRST INTERNATIONAL CREDIT CONSULTANTS INC.						
Principal Place	of Business	Mailing Address				
SUITE 3199 301 YAMATO ROAD BOCA RATON FL 33431		SUITE 3199 301 YAMATO ROAD BOCA RATON FL 33431				
	•			<ol> <li>Date Incorporated or Qualified 08/12/1991</li> </ol>	3a. Date of Last Report 01/27/1995	
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0281438	Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for Florida Statutes		
24	25] 9. Name and Address of Curre		30]	Florida Statutes Yes		
	***************************************		81 Name	MARIA KAESTNER	Togistotes (1901)	
	ER, WOLFGANG H.			Address (P.O. Box Number is Not Acceptal	ble) ( ca - ca	
	DRSIDE DR.		83 5	01 yamato Kol.	5/8 3/99	
DELRAT	BEACH FL 33483		1			
			84 City (	Buca Raton	FL 85 20 800 31	
11. Pursuant to	the provisions of Sections 607.050	02 and 607.1508, Florida Statutes,	the above-named oc	rporation submits this statement for the puboard of directors. I hereby accept the app	rpose of changing its registered office	
familiar with	n, and accept the obligations of, Sec	tion 607,0505, Florida Statutes.	// / / /	4	A 10 (10)	
SIGNATURE Signatury typed or printed name of registered as int and the registerable (NOTE-			MAK I Registered Agent signature n	A KAESTNER	9729506	
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
TITLE	D	<b>À</b> DELE 1€	1. 1 TITLE	TRESIDENTIDIRES		
NAME:	KAESTNER, MARIA		1.2 NAME	KAUSTNO IL MA	R19 3199	
STREET ADDRESS	1 HARBORSIDE DR. DELRAY BEACH FL		1.3 STREET ADDRESS	BOL YAMATU'RD	FL 33431	
CITY-ST-ZIP TITLE	DEUTAT DEACHTE	☐ DELETE	1.4 C/TY - ST - ZIP 2 1 TITLE	BUCH KAIUW,	Change Addition	
NAME		<u></u>	2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY - ST - ZIP			2 4 CITY-ST-ZIP			
TITLE		DELETE	3 1 TITLE		Change Addition	
NAME	•		3 2 NAME			
STREET ADDRESS			3 3. STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME		<b>L</b>	4.2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS		•	
CITY-ST-ZIP			4.4 CHY-ST-ZIP			
TITLE		☐ DELETE	5 1 TITLE		Change Addition	
NAME			5 2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP TITLE		[7] DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Add:tion	
NAME			6 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	PRINCIPLE MARKINE & W		64 CITY-ST-ZIP			
certify that	the information indicated on this ann	nual report or supplemental annua	I report is true and ac	ify for the exemption stated in Section 119 curate and that my signature shall have the	e same legal effect as if made under	
oath; that I	am an officer or director of the con- Block 12 or Block 13 if changed, or	poration or the receiver or trustee $\epsilon$	empowered to execut	e this report as required by Chapter 607, F	lorida Statutes; and that my name	

SIGNATURE:

MALLA KALLESSAN

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

MADDIA KALGILLA DILL (D) AS

4/29/96 (407) 995-0834