

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V25392** (4)

1. Corporation Name

INTERNATIONAL HIGH TECH COMMUNICATION INC.



Principal Place of Business

**6043 N.W. 167 STR. #A-2
MIAMI FL 33015**

Mailing Address

**6043 N.W. 167 STR. #A-2
MIAMI FL 33015**

3. Date Incorporated or Qualified

03/31/1992

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OEHLERS, HAROLD OSCAR

~~3500 B NW 71 ST.~~

MIAMI FL 33147

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6043 NW 167 ST A-2

83

84

City

MIAMI

FL

85 Zip Code

33015

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, if applicable

(If 11. Registered Agent Signature required, when not changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

☐ DELETE

NAME

OEHLERS, HAROLD OSCAR

STREET ADDRESS

17210 NW 64TH AVE. #107

CITY - ST - ZIP

MIAMI FL

TITLE

DVP

☐ DELETE

NAME

OEHLERS, LILLIAN M.

STREET ADDRESS

17210 NW 64TH AVE. #107

CITY - ST - ZIP

MIAMI FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DP

☒ Change

☐ Addition

1.2 NAME

HAROLD, OEHLERS

1.3 STREET ADDRESS

8709 N.W. 189 TERR.

1.4 CITY - ST - ZIP

MIAMI, FL. 33015

2.1 TITLE

D.V.P.

☒ Change

☐ Addition

2.2 NAME

OEHLERS, LILLIAN M.

2.3 STREET ADDRESS

8709 N.W. 189 TERR.

2.4 CITY - ST - ZIP

MIAMI, FL. 33015

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 24TH 1996 305-826-5808

CR2E034 (12/95)