

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996 3-12-96 B-2100

DIVISION OF CORPORATIONS C

DOCUMENT # **V40356 (0)**

1. Corporation Name
INTERNATIONAL CATALOG SALES, INC.



Principal Place of Business Mailing Address
905 SOUTH BAYSHORE DR. #2031 MIAMI FL 33133

3. Date Incorporated or Qualified **05/29/1992** 3a. Date of Last Report **03/13/1995**

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

4. FEI Number **65-0364875** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SITTERSON, CURTIS H.
2200 MUSEUM TOWER
150 WEST FLAGLER ST.
MIAMI FL 33130**

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 607.0502 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 (Type or printed name of registered agent and street address) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
D DELETE
NAME: **DORR, CHARLES**
STREET ADDRESS: **905 SO. BAYSHORE DR#2031**
CITY-ST-ZIP: **MIAMI FL**
D DELETE
NAME: **SALGADO, RONALDO**
STREET ADDRESS: **905 SO. BAYSHORE DR#2031**
CITY-ST-ZIP: **MIAMI FL**
D DELETE
NAME: **Oscar Martinez Filho**
STREET ADDRESS: **905 South Bayshore Drive s/2031**
CITY-ST-ZIP: **Miami Florida 33131**
 DELETE
 DELETE
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP Change Addition
5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP Change Addition
9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP Change Addition
13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP Change Addition

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: DATE: **2/29/96** 305 391 26 86 Daytime Phone

CR2E034 (12/95)