

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED

96 SEP -4 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V45304** (5)

1. Corporation Name

INTERNATIONAL CLIP CORPORATION



Principal Place of Business

Mailing Address

9578 NW 41 ST
UNIT B
MIAMI FL 33178
US

9578 NW 41 ST
MIAMI FL 33178
US

3. Date Incorporated or Qualified
06/22/1992

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21 State Apt. # etc.
6850 NW 77TH CT
22 City & State
MIAMI FLORIDA
23 Zip
33166
24 Country
USA

26 State Apt. # etc.
6850 NW 77TH CT
27 City & State
MIAMI FL 33166
28 Zip
33166
29 Country
USA

4. FEI Number
65-0389793

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 had a change of registered agent since the last Florida Statutes Yes No

9. Name and Address of Current Registered Agent

FERNANDES, ROBERTO
9578 NW 41ST ST
MIAMI FL 33178

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 (0702 and 0703), Florida Statutes, the above named corporation submits this statement for the purpose of changing the registered office or registered agent, or both, in the state of Florida. Such change was authorized by the corporation's board of directors, hereby accepting the appointment of the proposed agent. I am familiar with and accept the obligations of Section 607 (0505), Florida Statutes.

SIGNATURE

Signature of Agent: _____ Signature of Registered Agent: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVD	<input type="checkbox"/> DELETE
NAME	FERNANDES, ROBERTO	
STREET ADDRESS	9578 NW 41 ST	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	PVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	FERNANDES ROBERTO	
STREET ADDRESS	6850 NW 77TH COURT	
CITY- ST- ZIP	MIAMI FL 33166	
14011- ST- ZIP	600001-0389793	
14011- ST- ZIP	-08/25/96-01023-015	
14011- ST- ZIP	****375.00 ****375.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(a), Florida Statutes. I further certify that the information contained in this annual report or supplemental annual report is true and accurate and that my signature on the above captioned certificate was made under oath. If at any time after the filing of this report or supplemental report, I am authorized to file a report or supplemental report, I will file such report or supplemental report and that my name appears in Book 12 or Book 13 if changed, or on an attachment with a address.

SIGNATURE: *Robert Fernandes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-30-96 (305) 412-1177

CR2E034 (3/96)