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Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # V55844

1. Corporation Name
International claims, Expediters, Inc

Principal Place of Business
1761 West Hillsboro #409
Deerfield Bch FL. 33442

Mailing Address
1167 Hillsboro Mile #211
Hillsboro Bch Florida 33062-1600

2. Principal Place of Business
21 1761 W. Hillsboro Blvd
22 Suite, Apt. #, etc. 409
23 City & State Deerfield Bch, FL
24 Zip 33442 25 Country Broward

2a. Mailing Address
26 1167 Hillsboro Mile
27 Suite, Apt. #, etc. 211
28 City & State Hillsboro Bch FL.
29 Zip 33062-1600 30 Country Broward

3. Date Incorporated or Qualified: Aug 6 1992
3a. Date of Last Report: 4/96
4. FEI Number: 65-0413743 ☐ 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
Oshinsky Leonard
1150 E. Hallandale Bch Blvd. Suite A
Hallandale, Florida 33009

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTUS ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	Lew Ross ROSS LEVY	1.2 NAME	
STREET ADDRESS	1167 Hillsboro Mile	1.3 STREET ADDRESS	
CITY-ST-ZIP	Hillsboro Bch, FL	1.4 CITY-ST-ZIP	
TITLE	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Nancy Levy	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		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	100002080531
STREET ADDRESS		6.3 STREET ADDRESS	-02/06/97--01058--052
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***173.75

13 2/6

CR2E034 (9/96)

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 ROSS LEVY 2/5/97 954 344-6222

MR ROSS LEVY
1167 HILLSBORO MILE
HILLSBORO BCH FL 33062