

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 PH 8: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V65346** (1)
1. Corporation Name
ITUS, INC.

Principal Place of Business Mailing Address
2601 S. BAYSHORE DRIVE SUITE 1425 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/17/1992** 3a. Date of Last Report **04/29/1994**
4. FEI Number **65-0359173** 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

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

9. Name and Address of Current Registered Agent
**FREEMAN, ROBERT A.
SUITE 1425
2601 S. BAYSHORE DR.
MIAMI FL 33133**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|---------------------------------------|
| TITLE | S |
| NAME | FREEMAN, ROBERT A |
| STREET ADDRESS | 2601 SO. BAYSHORE DRIVE, #1425 |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | PD |
| NAME | MIRZAKHANIAN, EMIL |
| STREET ADDRESS | 2601 SO. BAYSHORE DRIVE #1425 |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | VD |
| NAME | RUBINI, GIORGIO |
| STREET ADDRESS | 2601 SO BAYSHORE DR. #1425 |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | DVP |
| NAME | MAZZARO, CAMO |
| STREET ADDRESS | 2601 SO. BAYSHORE DRIVE #1425 |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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 110.07(3)(b), 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 by an attachment with an address.

SIGNATURE: _____
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature/Printed Name)