

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business
**1414 COLLINS AVENUE, #1
MIAMI FL 33139**

Mailing Address
**1414 COLLINS AVENUE, #1
MIAMI FL 33139-4129**

3. Date Incorporated or Qualified
09/17/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

4. FEI Number
65-0359173

Applied For
 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
**SCHOLL, DENNIS
1414 COLLINS AVENUE, #1
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent
81. Name
CORPORATION SERVICE COMPANY
82. Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
83.
84. City
TALLAHASSEE FL 85. Zip Code
32301

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: *Dennis Scholl*
Dennis Scholl, as agent (NOTE: Registered Agent signature required when reinstating)
DATE: **4-10-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRZAKHANIAN, EMIL	1.2 NAME	
STREET ADDRESS	1414 COLLINS AVENUE, #1	1.3 STREET ADDRESS	500002139595-4
CITY-ST-ZIP	MIAMI FL 33139	1.4 CITY-ST-ZIP	
TITLE	VPSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBINI, GIORGIO	2.2 NAME	
STREET ADDRESS	1414 COLLINS AVENUE, #1	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33139	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **3-19-97**
Daytime Phone #: **305-531-7889**

CR2E034 (9/96)

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RECEIVED

97 APR 10 PM 1:50

ACCOUNT NO. : 00721000000052 I.T.U.S. CORPORATION

REFERENCE : 326334 7127298

AUTHORIZATION :

COST LIMIT : \$ Patricia Piquito

ORDER DATE : April 10, 1997

ORDER TIME : 11:44 AM

ORDER NO. : 326334-005

CUSTOMER NO: 7127298

CUSTOMER: Ms. Debra S. Scholl
Morada
Suite 1
1414 Collins Avenue
Miami, FL 33139

DOMESTIC FILINGS

NAME: I.T.U.S. CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XXX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea C. Mabry
EXAMINER'S INITIALS

APB
4-10-97