

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mumman  
Secretary of State  
Tallahassee, FL 32304-0001, FLA

APPROVED  
AND  
FILED

DOCUMENT # **F94000002358 (9)**

9 MAY 11 AM '95

STATE OF FLORIDA  
TALLAHASSEE

ID-FL, INC.

2. Principal Place of Business		2a. Mailing Address		3. Date the corporation was created		3a. Date of Last Report	
901 N. STUART ST., STE. 1110 ARLINGTON VA 22203		901 N. STUART ST., STE. 1110 ARLINGTON VA 22203		05/06/1994			
21. State	26. State	4. FID Number		Applied For		Not Applicable	
22. City, Co. & State	27. City, Co. & State	54-1703668		5. Certificate of Status Delated		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. City, Co. & State	28. City, Co. & State	6. Director Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees			
24. City, Co. & State	25. City, Co. & State	29. City, Co. & State		30. City, Co. & State		6. This corporation has liability for delinquent tax under the Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION COMPANY OF MIAMI SHUTTS & BOWEN/1500 MIAMI CENTER 201 SOUTH BISCAYNE BLVD. MIAMI FL 33131				B1 Name			
				B2 Street Address (P.O. Box Number is Not Applicable)			
				B3			
				B4 City, State, Zip Code			
				FL B5 Zip Code			

11. Pursuant to the provisions of Sections 607.01(2) and 607.1406, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of faith in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. This form is valid only if signed by the officer or director of the corporation.

SIGNATURE: \_\_\_\_\_

12. OFFICERS, AGENTS, DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY	
NAME	DPT CECCHI, GIUSEPPE 901 NORTH STUART ST., STE. 1110 ARLINGTON VA 22203	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CECCHI, MERCEDES 901 NORTH STUART ST., STE. 1110 ARLINGTON VA 22203	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VS LEE, JESSE 901 NORTH STUART ST., STE. 1110 ARLINGTON VA 22203	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is accurately furnished and claimed qualify for the exemption stated in Section 607.01(2), Florida Statutes. I further certify that the information filed in this annual report or supplementary report is true and correct and that my signature shall be as the person applying for the above change of faith. That I am an officer or director of the corporation or the manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13. (I do not report an additional change with this filing.)

SIGNATURE: *Giuseppe Cecchi*  
SIGNATURE AND TITLE OR PRINTED NAME OF DIRECTOR OR OFFICER OF FID OR DIRECTOR  
**GIUSEPPE CECCHI, PRESIDENT**

04/26/95 (703) 558 7300