

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

FILED
May 26 1999 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097537
1. Corporation Name
C3D INC.

Principal Place of Business Mailing Address
235 W. 76th Street
Suite 8D
New York, New York
10023-8314 US

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

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 12-27-95
4. FEI Number 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 owes the current year Intangible Personal Property Tax Yes No

9. Name and Address of Current Registered Agent
Amerilawyer, Chartered
343 Almeria Avenue,
Coral Gables, FL 33134 US

10. Name and Address of New Registered Agent
81 Name CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
84 City PLANTATION FL 85 Zip Code 33324

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 *Connie Bryan* *Connie Bryan, Special Asst. Secretary* 5-26-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when ratifying) DATE

12. OFFICERS AND DIRECTORS

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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Brig. General Itzhak Yaakov
13 STREET ADDRESS	216 East 47th Street
14 CITY-ST-ZIP	New York, NY 10017 US <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	P, D
22 NAME	Prof. Eugene Levich
23 STREET ADDRESS	235 West 76th St., Ste. 8D
24 CITY-ST-ZIP	New York, NY 10023 <input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	500002892455-8
33 STREET ADDRESS	-06/02/99--01048--004
34 CITY-ST-ZIP	****550, 00 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE	
42 NAME	Lev Zaidenberg
43 STREET ADDRESS	86 ha'Nesher st.
44 CITY-ST-ZIP	Raanana, Israel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE	
52 NAME	D
53 STREET ADDRESS	Michael Goldberg
54 CITY-ST-ZIP	2008 Bayview Drive
61 TITLE	Fort Lauderdale, FL 33305 <input type="checkbox"/> Addition
62 NAME	S
63 STREET ADDRESS	-John Jones, No.1, Courtenay Lodge,
64 CITY-ST-ZIP	Courtenay Terrace, Hove, UK BN3 2WF

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John C. Jones* 13 May 99 +44 1273 723 207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
John C. Jones

CR2E034 (1/98)