

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90056 001 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G09798
 1. Corporation Name
INTERNATIONAL EXPLORERS SOCIETY, INC.



Principal Place of Business 5151 PINE TREE DRIVE MIAMI BEACH FL 33140 US	Mailing Address 5151 PINE TREE DRIVE MIAMI BEACH FL 33140 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4201 COLLINS AVENUE Suite, Apt. #, etc. 22 1003 City & State 23 MIAMI BEACH, FLORIDA Zip Country 24 33140 25 USA		2a. Mailing Address 26 4201 COLLINS AVENUE Suite, Apt. #, etc. 27 1003 City & State 28 MIAMI BEACH, FLORIDA Zip Country 29 33140 30 USA		3. Date Incorporated or Qualified 11/29/1982	
		4. FEI Number 59-2391484		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent SPOHRER, B. F. 5151 PINE TREE DRIVE MIAMI BEACH FL 33140				10. Name and Address of New Registered Agent			
81 Name		SPOHRER, B. F.		82 Street Address (P.O. Box Number is Not Acceptable)		4201 COLLINS AVENUE	
83		APT # 1003		84 City		MIAMI BEACH FL 85 Zip Code 33140	

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOHRER, LYNN W	1.2 NAME	SPOHRER, LYNN W
STREET ADDRESS	5151 PINE TREE DRIVE	1.3 STREET ADDRESS	4201 COLLINS AVE, # 1003
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	CPT <input type="checkbox"/> DELETE	2.1 TITLE	CPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOHRER, BF	2.2 NAME	SPOHRER, B. F.
STREET ADDRESS	5151 PINE TREE DRIVE	2.3 STREET ADDRESS	4201 COLLINS AVE, # 1003
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
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 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, with all other like empowered.

SIGNATURE: **B.F. SPOHRER** APRIL 24, 1999 (305) 869-8350

CR2E034 (11/98)