

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 19 AM 10:17

DOCUMENT # **J47200** (7)  
1. Corporation Name  
**PARC ISLE, INC.**

Principal Place of Business <b>C/O BAROU, PERERA &amp; ASSOC. 48 EAST FLAGLER STREET, SUITE 368 MIAMI FL 33131</b>	Mailing Address <b>C/O BAROU, PERERA &amp; ASSOC. 48 EAST FLAGLER STREET, SUITE 368 MIAMI FL 33131</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>12/15/1986</b>	3a. Date of Last Report <b>01/31/1994</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>59-2756608</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**SCHULTA, STEVEN A.  
2 SOUTH BISCAYNE BOULEVARD  
SUITE 3400 ONE BISCAYNE TOWER  
MIAMI FL 33131**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SISO, CAROLS P.</b>	1.2 NAME	
STREET ADDRESS	<b>APARTADO 2320</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CARACAS, VENEZUELA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE SISO, PILAR C.</b>	2.2 NAME	
STREET ADDRESS	<b>APARTADO 2320</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CARACAS, VENEZUELA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE ZULOAGA, ANABELLA S.</b>	3.2 NAME	
STREET ADDRESS	<b>APARTADO 2320</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CARACAS, VENEZUELA</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHULTZ, STEVEN A.</b>	4.2 NAME	
STREET ADDRESS	<b>2 SOUTH BISCAYNE BLVD SUITE 3400</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	4.4 CITY - ST - ZIP	
TITLE		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		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 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Steven**

**Schultz**

**1/13/95 (305) 376-4165**