

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

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95 APR 27 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K28918 (6)

1. Corporation Name
INTERNATIONAL SALES AGENT SERVICES, INC.

100001466581
-04/27/95--01042--001
10000.00 **200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/20/1988** 3a. Date of Last Report **04/29/1994**

4. FEI Number **65-0012181** 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. 199.022, Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SULLIVAN, JOHN 801 BRICKELL AVE., SUITE 1301 MIAMI FL 33131-9802				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JOHN	2	NAME
STREET ADDRESS	2600 GRANADA BLVD	3	STREET ADDRESS
CITY ST ZIP	CORAL GABLES FL 33134	4	CITY ST ZIP
TITLE		21	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22	NAME
STREET ADDRESS		23	STREET ADDRESS
CITY ST ZIP		24	CITY ST ZIP
TITLE		31	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32	NAME
STREET ADDRESS		33	STREET ADDRESS
CITY ST ZIP		34	CITY ST ZIP
TITLE		41	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42	NAME
STREET ADDRESS		43	STREET ADDRESS
CITY ST ZIP		44	CITY ST ZIP
TITLE		51	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52	NAME
STREET ADDRESS		53	STREET ADDRESS
CITY ST ZIP		54	CITY ST ZIP
TITLE		61	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62	NAME
STREET ADDRESS		63	STREET ADDRESS
CITY ST ZIP		64	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 119.07(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: John S. Sullivan APR 1995 (305) 381-8340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR