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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

P93000041872 (1)

ISAQUEENA CORP. Principal Place of Business 701 BRICKELL AVE SUITE 1200 MIAMI FL 33131 MIAMI FL 33131						3. Date incorporated or Qualified 3a. Date of Last Report			
						06/14/1993	07/26/1995		
2. Principal Pla	ce of Business	2a. 26	. Mailing Address			4. FEI Number 65-0425866	Applied For Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			City & State			Election Campaign Financing Trust Fund Contribution	ion Campaign Financing \$5.0		00 May Be
Ζιρ 4	Country 25	28	2ip	Gounti	У	8. This corporation has liability for	intangible tax		·
1	9, Name and Address of Curre		ered Agent	1001		10. Name and Address of New !		ent	
·				8	1 Name		THE PERSON NAMED IN COMPANIES OF THE		
ROSSZ FIU CORPORATION 701 BRICKELL AVE			82 Street Addr			Idress (P.O. Box Number is Not Acceptable)			
SUITE	1200			8	3	A			
MIAMI I	FL 33131			8-	4 City		FL	85 Zi	p Code
SIGNATURE	Standard typed or probet name of registerios aga OFFICERS AI D CHEEZEM, CHARLES K	ND DIREC		13. 13. 1 1 TITU		ADDITIONS/CHANGES TO OFF			DRS IN 12
STREFT ADDRESS	701 BRICKELL AVE SUITE MIAMI FL 33131	1200			FT ADDRESS				
CHY-ST-ZIP TITLE	WINTER TE COTO		DELETE	1 4 CITY- 2 1 HTLI		Assistant S		Change	★ Addition
NAME STREET ACORESS					ET ADDRESS	Jan Carson Cheez 701 Brickell Ave	., Sui	te :	1200
CITY-ST-ZIP TITLE			DELETE	2.4 GHY 3.1 Hitt		Miami, Florida	33131	Change	Addition
NAME				3 2 NAMI					
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP TITLE			DELETE	3.4 City 4. 1 lift(·		Change	☐ Addition
NAME			_ Detere	4. 1 111C			LJ	onunge	LJ Addition
STREET ADDRESS				1	ET ADDRESS				
CITY-ST-ZIP	and an address of the second o			4.4 CITY		·			
TITLE			DELETE	5. 1 Tilts			•	Change	Addition
NAME STREET ADDRESS CITY-S1-ZIP				5.2 NAMI 5.3 STRE 5.4 CITY	ET ADDRESS	700018 -05/07/9601 ***200.00	1 1 4 4 09903เ		16
TITLE NAME			[]] DELETE	6 1 THU 6.2 NAM		**************************************	57	Change	Addition
STREET ADDRESS CITY-ST-ZIP				6.3 STRE 6.4 CITY	ET ADDRESS - ST- ZIP		J	1 `	
4.4 Lela barabi	certify that the information supplied	with this	filma is valuntadly fum	ished and do	ne not qualif	v for the exemption stated in Section 119	07/3VM Floric	la Statu	too Liturthor

Too negety certify that the information supplied with this lining is voluntarial furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes, Florida certify that the information indicated on this 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 13.4 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

4/30/96 Date

(305) 373-0300

Daytime Phone #