

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000027648 (2)**

1. Corporation Name **NAME CHANGED TO:**
~~COALCO U.S.A., INC.~~
INTERNATIONAL Investment Services, Corp.



Principal Place of Business: 1602 ALTON ROAD, STE. 39, MIAMI BEACH FL 33139
Mailing Address: 1602 ALTON ROAD, STE. 39, MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: **04/12/1994**
3a. Date of Last Report: **09/28/1995**
4. FEI Number: **65-0481917**
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 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
21-24: Suite, Apt. #, etc., City & State, Zip, Country
25-28: Suite, Apt. #, etc., City & State, Zip, Country

9. Name and Address of Current Registered Agent
FRIED, MARK E
1001 S BAYSHORE DR
SUITE 2706
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANISIMOV, VASSILI	
STREET ADDRESS	2555 COLLINS AVE UNIT PH-111	
CITY - ST - ZIP	MIAMI BEACH FL 33140	
TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	POPOVIC, MILAN	
STREET ADDRESS	2555 COLLINS AVE UNIT PH-111	
CITY - ST - ZIP	MIAMI BEACH FL 33140	
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

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANISIMOV VASSILI	
1.3 STREET ADDRESS	INNERGUTERSTR. 2	
1.4 CITY - ST - ZIP	6302 ZUG, SWITZERLAND	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	POPOVIC, MILAN	
2.3 STREET ADDRESS	1602 ALTON ROAD, STE. 39	
2.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

400001741354
-03/13/96--01050--008 Change Addition
*****200.00**

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)(k), 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 9 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Milan Popovic* **MILAN POPOVIC**
DATE: **03/04/96** DAYTIME PHONE #: **305/5821102**

CR2E034 (12/95)