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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000082119 (6)
1. Corporation Name
WHITE DIAMOND BY ISSAC, INC.

Principal Place of Business Mailing Address
P.O. BOX 840009 HOLLYWOOD FL 33084 **P.O. BOX 840009 HOLLYWOOD FL 33084**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/07/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25 Country		30 Country		7. This corporation has liability for intangible tax under 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
TRAGER, ROSS 1800 NE 171ST STREET NORTH MIAMI BEACH FL 33162				01 Name			
				02 Street Address (P.O. Box Number is Not Acceptable)			
				03			
				04 City			
				PEMBROKE PINES FL 33026			

11. Pursuant to the provisions of Sections 607.0504 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]* 1/8/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYGON, EIZT	12 NAME	
STREET ADDRESS	7152 N. UNIVERSITY DRIVE	13 STREET ADDRESS	
CITY- ST. ZIP	TAMARAC FL 33321	14 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 119.071, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my corporation 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 100, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 37-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR