

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000077517 (7)

1. Corporation Name

INTERNATIONAL SERVICES NETWORK, INC.



Principal Place of Business 1521 ALTON ROAD SUITE 109 MIAMI FL 33139	Mailing Address 1521 ALTON ROAD SUITE 109 MIAMI FL 33139
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2. Principal Place of Business 21 4770 Biscayne Blvd. Suite, Apt. #, etc. 22 Suite 880 City & State 23 Miami, Florida Zip 24 33137	2a. Mailing Address 26 4770 Biscayne Blvd. Suite, Apt. #, etc. 27 Suite 880 City & State 28 Miami, Florida Zip 29 33137	3. Date incorporated or Qualified 10/09/1995	3a. Date of Last Report	4. FEI Number 65-0617220 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 199.032, Florida Statutes Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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9. Name and Address of Current Registered Agent LIEBERMAN, JONATHAN 1521 ALTON ROAD SUITE 109 MIAMI FL 33139	10. Name and Address of New Registered Agent 81 Name Jonathan Lieberman 82 Street Address (P.O. Box Number is Not Acceptable) 4770 Biscayne Blvd. 83 Suite 880 84 City Miami 85 Zip Code FL 33137
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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: *Jonathan Lieberman* President (Jonathan Lieberman) 2/21/96
Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, JONATHAN	1.2 NAME	Address change only:
STREET ADDRESS	1521 ALTON ROAD, SUITE 109	1.3 STREET ADDRESS	4770 Biscayne Blvd.
CITY-ST-ZIP	MIAMI FL 33139	1.4 CITY-ST-ZIP	Suite 880
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Miami, FL 33137 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jonathan Lieberman* (Jonathan Lieberman) 2/21/96 (305) 573-5300
Date: Daytime Phone #

CR2E034 (12/95)