

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Cynthia B. Mulford
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

50 MAY - 1 MAY 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **VO4663 (3)**
1. Corporation Name
INTERNATIONAL SYSTEMS INTEGRATION SERVICES, INC.

Principal Place of Business: **1435 SW 104TH AVE MIAMI FL 33174**
Mailing Address: **1435 SW 104TH AVE MIAMI FL 33174**

DO NOT WRITE IN THIS SPACE

3. Date first incorporated or qualified: **01/03/1992**
3a. Date of last report: **05/01/1994**

4. FFI Number: **65-0317812**
Applied Fee: Applied Fee Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Company Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. The corporation has liability for attorney fees under Florida Statutes: Yes No

2. Principal Place of Business: **9100 Coral Way**
2a. Mailing Address: **Same**
21. Suffix: **B**
22. City & State: **Miami, FL**
23. Zip: **33165**
24. Country: **USA**
25. State: **FL**
26. City & State: **Same**
27. Suffix: **B**
28. City & State: **Miami, FL**
29. Zip: **33165**
30. Country: **USA**

9. Name and Address of Current Registered Agent
**CALIENES, ARMANDO L. SR
1435 SW 104TH AVE
MIAMI FL 33174**

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

11. Pursuant to the provisions of Sections 607 (9)(b) and 607 (10)(b) Florida Statutes, the above named corporation submits the 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 Sections 607 (9)(b) Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	D CALIENES, ARMANDO L. SR
STREET ADDRESS	1435 SW 104TH AVE
CITY, STATE, ZIP	MIAMI FL
NAME	D CALIENES, RICHARD J.
STREET ADDRESS	15051 SW 70 ST
CITY, STATE, ZIP	MIAMI FL
NAME	D CARIENES, ARMANDO R
STREET ADDRESS	8907 SW 69 ST
CITY, STATE, ZIP	MIAMI FL
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS

NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY, STATE, ZIP		

no longer an officer

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, and qualify for the exemptions stated in Section 607.10(1)(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 owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or is an attachment with an address.

SIGNATURE: **Armando L. Calienes, Sr** **ARMANDO L. CALIENES** 4/27/95 305-227-1878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR