FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G31822** **(1)**

1. Corporate Name
I.S.A. DISTRIBUTORS INC.

Principal Place of Business
G555 N.W. 36ST. #310-A
P.O. BOX 661104
MIAMI SPRGS FL 33266-8104

Mailing Address
G555 N.W. 36ST. #310-A
P.O. BOX 661104
MIAMI SPRGS FL 33266-8104

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1983
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-2291708 — 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 ☐ No

9. Name and Address of Current Registered Agent
CAPOTE, RICHARD
1078 HUNTING LODGE DRIVE
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1280 Raven Ave.
83
84 City: Miami Springs FL 85 Zip Code: 33166

11. Pursuant to the provisions of Sections 607.0505 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 of Registered Agent (required if registered agent is added after the date of this report)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1)	
TITLE	VSD	TITLE	☑ Change ☐ Addition
NAME	CAPOTE, RICHARD	NAME	
STREET ADDRESS	1078 HUNTING LODGE DR	STREET ADDRESS	1280 RAVEN AVE.
CITY, ST, ZIP	624	CITY, ST, ZIP	Miami, FL 33166
TITLE	VSD	TITLE	☐ Change ☐ Addition
NAME	CAPOTE, PEDRO MARIO	NAME	
STREET ADDRESS	1078 HUNTING LODGE DR	STREET ADDRESS	
CITY, ST, ZIP	MIAMI SPRINGS FL	CITY, ST, ZIP	
TITLE	TD	TITLE	☐ Change ☐ Addition
NAME	CAPOTE, JUAN CARTOS	NAME	
STREET ADDRESS	1078 HUNTING LODGE DR	STREET ADDRESS	
CITY, ST, ZIP	MIAMI SPRINGS FL	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained in the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) or on an attached sheet with an address.

SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 5/5/95 — Daytime Phone: 871-9728

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