

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000230

Entity Name: INTERNATIONAL SUPPLIES AND SERVICES, INC.**Current Principal Place of Business:**4000 PONCE DE LEON BOULEVARD
SUITE 470
CORAL GABLES, FL 33146**Current Mailing Address:**4000 PONCE DE LEON BOULEVARD
SUITE 470
CORAL GABLES, FL 33146 US**FEI Number:** 20-3285929**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CPST
Name	SAWAN, LAN
Address	C/O INTERNATIONAL SUPPLIES & SERVICES INC 4000 PONCE DE LEON BOULEVARD SUITE 470
City-State-Zip:	CORAL GABLES FL 33146

Title	VP
Name	SAWAN, JAMAL
Address	C/O INTERNATIONAL SUPPLIES & SERVICES INC 4000 PONCE DE LEON BOULEVARD SUITE 470
City-State-Zip:	CORAL GABLES FL 33146

Title	DIR
Name	SAWAN, LAN
Address	C/O INTERNATIONAL SUPPLIES & SERVICES INC 4000 PONCE DE LEON BOULEVARD SUITE 470
City-State-Zip:	CORAL GABLES FL 33146

Title	DIR
Name	SAWAN, JAMAL
Address	C/O INTERNATIONAL SUPPLIES & SERVICES INC 4000 PONCE DE LEON BOULEVARD SUITE 470
City-State-Zip:	CORAL GABLES FL 33146

Title	DIR
Name	SAWAN, EVAN
Address	C/O INTERNATIONAL SUPPLIES & SERVICES INC 4000 PONCE DE LEON BOULEVARD SUITE 470
City-State-Zip:	CORAL GABLES FL 33146

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMAL SAWAN

VP

03/05/2018

Electronic Signature of Signing Officer/Director Detail_____
Date