

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 291224 (4)  
1. Corporation Name  
THE ISABELLE CORPORATION



Principal Place of Business 401 NW 38TH CT PO BOX 350940 MIAMI FL 33126-5638	Mailing Address 401 NW 38TH CT PO BOX 350940 MIAMI FL 33126-5638
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1965	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FET Number 59-1097886	Applied For Not Applicable
24 Zip	25 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent AMDUR, ISABELLE 3511 BAYSHORE VILLAS DR COCONUT GROVE FL 33133				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COCO	1.1 TITLE	PRESIDENT
NAME	NUT GROVE, FLLAS DR	1.2 NAME	AMDUR, ISABELLE
STREET ADDRESS	3511 BAYSHORE VILLAS DR	1.3 STREET ADDRESS	3511 BAYSHORE VILLAS DRIVE
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	V	2.1 TITLE	VICE PRESIDENT
NAME	AMDUR, NEAL	2.2 NAME	AMDUR, NEAL
STREET ADDRESS	5700 NO BAY ROAD	2.3 STREET ADDRESS	3511 BAYSHORE VILLAS DRIVE
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	ST	3.1 TITLE	ST
NAME	HAVENICK, BARBARA	3.2 NAME	HAVENICK, BARBARA
STREET ADDRESS	369 LEUCADENDRA	3.3 STREET ADDRESS	369 LEUCADENDRA DRIVE
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ ISABELLE AMDUR

04-07-98 (305) 649-3000

CR2E034 (10/97)