

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -3 AM 9:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 677627 (2)

1. Corporation Name
ISACO INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address
282 N.E. 2ND STREET MIAMI FL 33132

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/03/1980** 3a. Date of Last Report **02/04/1994**
4. FEI Number **59-2036001** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
7. Trust Fund Contributions
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **3651 NW 79th Avenue** 26 **3651 NW 79th Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
City & State City & State
23 **Miami, Florida** 28 **Miami, Florida**
Zip Country Zip Country
24 **33166** 25 **USA** 29 **33166** 30 **USA**

9. Name and Address of Current Registered Agent
**ZELCER, ISAAC
1215 NORTH BISCAYNE POINT ROAD
MIAMI BEACH FL 33141**

10. Name and Address of Now Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (8231). Registered Agent signature required when necessary.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL REGISTERED AGENTS	
TITLE	PD ZELCER, ISAAC	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELCER, ISAAC	12 NAME	
STREET ADDRESS	1215 N BISCAYNE PT RD	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BCH, FL 00000	14 CITY - ST - ZIP	
TITLE	SD ZELCER, LEYA	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELCER, LEYA	22 NAME	
STREET ADDRESS	1215 N BISCAYNE PT RD	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BCH, FL 00000	24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(3)(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 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: *Isaac Zelcer* **Isaac Zelcer** **7/27/95** **(305) 594-4455**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (100) (Caption Over)

CP2E034 (3/95)