

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **677627** (2)
1. Corporation Name:
ISACO INTERNATIONAL CORPORATION



Principal Place of Business: **3651 NW 79TH AVENUE MIAMI FL 33166 US**
Mailing Address: **3651 NW 79TH AVENUE MIAMI FL 33166 US**

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

3. Date Incorporated or Qualified: **07/03/1980**
3a. Date of Last Report: **08/03/1995**
4. FCI Number: **59-2036001** 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**ZELCER, ISAAC
1215 NORTH BISCAYNE POINT ROAD
MIAMI BEACH FL 33141**

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 607.0602 and 607.1015, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person who is changing the registered office or registered agent

Signature of person who is changing the registered office or registered agent

DATE

12. OFFICERS AND DIRECTORS
 1. TITLE: PD
 2. NAME: ZELCER, ISAAC
 3. STREET ADDRESS: 1215 N BISCAYNE PT RD
 4. CITY-ST-ZIP: MIAMI BCH, FL 00000
 5. TITLE: SD
 6. NAME: ZELCER, LEYA
 7. STREET ADDRESS: 1215 N BISCAYNE PT RD
 8. CITY-ST-ZIP: MIAMI BCH, FL 00000
 9. TITLE: [] DEFER
 10. NAME: [] DEFER
 11. STREET ADDRESS: [] DEFER
 12. CITY-ST-ZIP: [] DEFER
 13. TITLE: [] DEFER
 14. NAME: [] DEFER
 15. STREET ADDRESS: [] DEFER
 16. CITY-ST-ZIP: [] DEFER

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1. TITLE: [] Change [] Addition
 2. NAME: [] Change [] Addition
 3. STREET ADDRESS: [] Change [] Addition
 4. CITY-ST-ZIP: [] Change [] Addition
 5. TITLE: [] Change [] Addition
 6. NAME: [] Change [] Addition
 7. STREET ADDRESS: [] Change [] Addition
 8. CITY-ST-ZIP: [] Change [] Addition
 9. TITLE: [] Change [] Addition
 10. NAME: [] Change [] Addition
 11. STREET ADDRESS: [] Change [] Addition
 12. CITY-ST-ZIP: [] Change [] Addition
 13. TITLE: [] Change [] Addition
 14. NAME: [] Change [] Addition
 15. STREET ADDRESS: [] Change [] Addition
 16. CITY-ST-ZIP: [] Change [] Addition

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or 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 in an addendum with an address.

SIGNATURE: *Isaac Zelcer*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 (305) 594-4455
DATE AND TELEPHONE NUMBER

CR2E034 (12/95)