

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **755319** (1)

1. Corporation Name
INTERNATIONAL SOCIETY FOR HISTORICAL AND SOCIAL STUDIES, INC.

Principal Place of Business Mailing Address
915 WEST 70 PLACE HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/26/1980** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2104916** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 Suite, Apt #, etc 27 Suite, Apt #, etc

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 City & State 28 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24 Zip 25 County 29 Zip 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERNANDEZ, FRANK
915 WEST 70 PLACE
HIALEAH FL 33014

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 150B, 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 _____ (Signature) _____ (Name) _____ (Title)

12. OFFICERS AND DIRECTORS	
TITLE	DT
NAME	FERNANDEZ, FRANK
STREET ADDRESS	915 W 70 PLACE
CITY ST ZIP	HIALEAH, FL 00000
TITLE	DS
NAME	PAREJA, MARIA
STREET ADDRESS	6885 W 17TH CT
CITY ST ZIP	HIALEAH, FL 00000
TITLE	D
NAME	MOSCU, CASTO
STREET ADDRESS	2253 NW 18TH STREET
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1?	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119 07(2)(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 treasurer or trustee empowered to execute the report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Frank Fernandez*
SIGNATURE AND TYPE (OR PRINTED NAME OF SIGNER) (OFFICER OR DIRECTOR)
FRANK FERNANDEZ, Treasurer

04/28/95
Date Digital Print: 8