

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 770121

1. Entity Name

INTERNATIONAL ARTISTS SERIES, INC.



Principal Place of Business

59 NW 25 AVE.
P.O. BOX 012661
MIAMI FL 33101

Mailing Address

PO BOX 012661
MIAMI FL 33101



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OWENS, A. ROBERT
59 N.W. 25TH AVENUE
MIAMI FL 33101

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	HERRERA, THOMAS R	
STREET ADDRESS	1250 E HALLANDALE BCH BLVD #1004	
CITY- ST- ZIP	HALLANDALE FL 33009	
TITLE	D	☐ Delete
NAME	RYSKIND, JACK	
STREET ADDRESS	1500 BAY RD APT 1266	
CITY- ST- ZIP	MIAMI BEACH FL 33139	
TITLE	D	☐ Delete
NAME	KHALIL, SONIA	
STREET ADDRESS	424 N.W. 25TH AVENUE	
CITY- ST- ZIP	MIAMI FL 33125	
TITLE	D	☐ Delete
NAME	SIEGEL, ALVIN	
STREET ADDRESS	3838 S. HIPPIING AVENUE	
CITY- ST- ZIP	MIAMI FL 33146	
TITLE	D	☐ Delete
NAME	OWENS, A. ROBERT	
STREET ADDRESS	59 NW 25TH AVE	
CITY- ST- ZIP	MIAMI FL 33125	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

U00000923621
05/16/08-80039-002 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *A. Robert Owens* **A. ROBERT OWENS**

4/22/2008 305-643-9821