

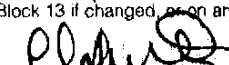


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 02 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																	
<b>DOCUMENT # H16106 (7)</b> 1. Corporation Name <b>ISSA CONSTRUCTION, INC.</b>																																																					
Principal Place of Business <b>% CHRISTOPHER ISSA</b> <b>21301 POWERLINE RD. S-206</b> <b>BOCA RATON FL 33433</b>			Mailing Address <b>% CHRISTOPHER ISSA</b> <b>21301 POWERLINE RD. S-206</b> <b>BOCA RATON FL 33433-2393</b>																																																		
2. Principal Place of Business 21 4928 S. LEJEUNE RD Suite, Apt. #, etc. 22 City & State 23 Miami, FL Zip 24 33146 Country 25 USA		2a. Mailing Address 26 4928 S. LEJEUNE RD Suite, Apt. #, etc. 27 City & State 28 Miami, FL Zip 29 33146 Country 30 USA		3. Date Incorporated or Qualified <b>08/09/1984</b> 3a. Date of Last Report <b>06/14/1996</b> 4. FEI Number <b>59-2441542</b> Applied For Not Applicable 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																	
9. Name and Address of Current Registered Agent <b>ISSA, CHRISTOPHER</b> <b>21301 POWERLINE RD</b> <b>SUITE 206</b> <b>BOCA RATON FL 33433</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>4928 S. LEJEUNE RD</b> 83 84 City <b>Miami, FL</b> 85 Zip Code <b>33146</b>																																																		
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  PRESIDENT DATE <b>4/20/97</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																					
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 10%;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>ISSA, CHRISTOPHER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>21301 POWERLINE RD #206</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BOCA RATON FL</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> DELETE	NAME	ISSA, CHRISTOPHER		STREET ADDRESS	21301 POWERLINE RD #206		CITY - ST - ZIP	BOCA RATON FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1.1 TITLE</td> <td style="width: 40%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>1.2 NAME</td> <td rowspan="4"><b>4928 S. LEJEUNE RD</b> <b>MIAMI, FL 33146</b></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> </tr> <tr> <td>2.1 TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>2.2 NAME</td> <td rowspan="4">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> </tr> <tr> <td>2.4 CITY - ST - ZIP</td> </tr> <tr> <td>3.1 TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>3.2 NAME</td> <td rowspan="4">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> </tr> <tr> <td>3.4 CITY - ST - ZIP</td> </tr> <tr> <td>4.1 TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>4.2 NAME</td> <td rowspan="4">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> </tr> <tr> <td>4.4 CITY - ST - ZIP</td> </tr> <tr> <td>5.1 TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>5.2 NAME</td> <td rowspan="4">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> </tr> <tr> <td>5.4 CITY - ST - ZIP</td> </tr> <tr> <td>6.1 TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>6.2 NAME</td> <td rowspan="4">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> </tr> <tr> <td>6.4 CITY - ST - ZIP</td> </tr> </table>			1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	1.2 NAME	<b>4928 S. LEJEUNE RD</b> <b>MIAMI, FL 33146</b>	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	2.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	3.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	4.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	5.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	6.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
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14. I do 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:  CHRISTOPHER ISSA DATE <b>4/20/97</b> 305 668 0008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																					

CR2E034 (9/96)