FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H28825** **(8)**

1. Corporation Name
INTERNATIONAL SPORT AGENCY, INC.

Principal Place of Business	Mailing Address
1680 NE 135TH ST 100 WEST N. MIAMI FL 33181 US	PO BOX 531018 MIAMI SHORES FL 33153 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/06/1984
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21 1175 N.E. 125th St.
Suite, Apt. #, etc.
22 211
City & State
23 N. Miami, FL
Zip 24 33161 Country 25 U.S.A.

2a. Mailing Address
26 P.O. Box 531018
Suite, Apt. #, etc.
27
City & State
28 Miami Shores, FL
Zip 29 33153 Country 30 U.S.A.

4. FEI Number: 59-2535675 ☐ 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

9. Name and Address of Current Registered Agent

FOSTER, WINSTON
1680 NE 135TH ST
SUITE 100 WEST
N. MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name: Foster, Winston
82 Street Address (P.O. Box Number is Not Acceptable): 1175 N.E. 125th St.
83 Suite 211
84 City: N. Miami FL 85 Zip Code: 33161

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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	FOSTER, WINSTON	12 NAME	Foster, Winston
STREET ADDRESS	1680 NE 135TH ST SUITE 100W	13 STREET ADDRESS	1175 N.E. 125th St Suite 211
CITY-ST-ZIP	N MIAMI FL	14 CITY-ST-ZIP	N. Miami, FL 33161
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 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: Winston Foster 4/24/95 (305) 895-3388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0429381 FP