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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(8)

INTERNATIONAL SHOPPES, INC.

FILED Apr 29 1998 8:00am Secretary of State

23 The Mara Harida Zip Country	2a. Mailing Address 26 JJ/O Mass & Suite, Apt #, etc. 27 City & State 28 Jht Mara 1	210 Chare Ct. San Fl. 12757	10/01/1986 4. FEI Number 59-2717854 5. Certificate of Status Desired 6. Election Campaign Financing	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees the current year intengible
9. Name and Address of Current R. ZASKI, R.J. 7860 PARK STRINGS CR ORLANDO FIL-52835	83	10. Name and Address of Man Regions of Address of Address of Acceptable		
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 Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
INAME I ZASKI DODVNI – .	t. fora, 12.	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Glector To Ochen Ct.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Dankonsulle Fl.	a. addition	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	,	☐ Change ☐ Addition C
TITLE Vige President NAME STREET ADDRESS CITY-ST-ZP Profess Lack Crack	addelin !	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		Change Addition
TITLE Sex-Types NAME STREET ADDRESS 9/3/ Roundfull Pal. CITY-SI-ZIP Clams Ca. 9450	addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE !	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with the information supplied wit	DELETE 6	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, op on an attachment with an address.