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95 APR 14 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L19856 (8)**

1. Corporation Name  
**INTERNATIONAL INVESTMENT SECURITIES CORPORATION**

Principal Place of Business <b>C/O ANN E NEAL ESO 175 N.W. FIRST AVE., ELEVENTH FLOOR MIAMI FL 33128-8817</b>	Mailing Address <b>C/O ANN E NEAL ESO 175 N.W. FIRST AVE., ELEVENTH FLOOR MIAMI FL 33128-8817</b>
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2. Principal Place of Business 21 <b>c/o Jonathan H. Warner</b> Suite, Apt. #, etc. 22 <b>100 S.E. 2nd St., 17th floor</b> City & State 23 <b>Miami, FL</b> Zip 24 <b>33131</b>	2a. Mailing Address 26 <b>c/o Jonathan H. Warner</b> Suite, Apt. #, etc. 27 <b>100 S.E. 2nd St., 17th floor</b> City & State 28 <b>Miami, FL</b> Zip 29 <b>33131</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>09/29/1989</b>	3a. Date of Last Report <b>03/17/1994</b>
4. FEI Number <b>65-0154884</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.932, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NEAL, ANN E.  
175 N.W. FIRST AVE.  
SUITE 1100  
MIAMI FL 33128**

10. Name and Address of New Registered Agent

81 Name <b>Warner, Jonathan H.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>100 S.E. 2nd St., 17th fl.</b>
83
84 City <b>Miami</b>
85 Zip Code <b>FL 33131</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 607.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent or director (see 607.0503) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PO</b>	<b>BAUER, FEDERICO</b>	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>9 NIVEL TORRE I</b>	2. NAME	
STREET ADDRESS	<b>GUATEMALA CTY, GUATEM</b>	3. STREET ADDRESS	
CITY-ST-ZIP		4. CITY-ST-ZIP	
TITLE <b>SD</b>	<b>PEREZ, MANUEL A</b>	21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>9 NIVEL TORRE I</b>	22. NAME	
STREET ADDRESS	<b>GUATEMALA CTY, GUATEM</b>	23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	
TITLE <b>TD</b>	<b>SERRA, JUAN JOSE</b>	31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>9 NIVEL TORRE I</b>	32. NAME	
STREET ADDRESS	<b>GUATEMALA CTY, GUATEM</b>	33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE <b>V</b>	<b>PAZ, JOSE GUILLERMO</b>	41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>9 NIVEL TORRI I</b>	42. NAME	
STREET ADDRESS	<b>GUATEMALA CTY, GUATEM</b>	43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: \_\_\_\_\_ DATE: **3/15/95**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR