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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L20406 (9)

1. Corporation Name

INTERNATIONAL STRUCTURAL SERVICES, INC.



Principal Place of Business

Mailing Address

% WALTER J. GATTI
2060 SOUTH PATRICK DR
INDIAN HARBOUR BEACH FL 32937

% WALTER J. GATTI
2060 SOUTH PATRICK DR
INDIAN HARBOUR BEACH FL 32937

3. Date Incorporated or Qualified

10/02/1989

3a. Date of Last Report

04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GATTI, WALTER J.
2060 SOUTH PATRICK DR.
INDIAN HARBOUR BEACH FL 32937

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

TITLE DVT ☐ DELETE
NAME GATTI, WALTER J.
STREET ADDRESS 2060 S PATRICK DR.
CITY-ST-ZIP INDIAN HARBOUR BCH F

1.1 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE DV ☐ DELETE
NAME ALONSO, JOHN
STREET ADDRESS 70 EAST OLD COUNTRY RD
CITY-ST-ZIP HICKSVILLE NY

2.1 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME NAKAMURA, YUGI
STREET ADDRESS 8-23-3 OUIJIDAI
CITY-ST-ZIP CHIBA 285, JAPAN

3.1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME GATTI, DOROTHEA
STREET ADDRESS 2060 S. PATRICK DR.
CITY-ST-ZIP INDIAN HARBOUR BCH FL

4.1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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; that the receiver or trustee is 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 in an attachment with no address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96

(407) 773-3036

Date

Daytime Phone #

CR2E034 (12/95)