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Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L20406** (9)

1. Corporation Name
INTERNATIONAL STRUCTURAL SERVICES, INC.

Principal Place of Business
**% WALTER J. GATTI
2060 SOUTH PATRICK DR
INDIAN HARBOUR BEACH FL 32937**

Mailing Address
**% WALTER J. GATTI
2060 SOUTH PATRICK DR
INDIAN HARBOUR BEACH FL 32937-4419**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/02/1989		3a. Date of Last Report 02/20/1996	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		4. FEI Number 59-2978902		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATTI, WALTER J.	1.2 NAME	
STREET ADDRESS	2060 S PATRICK DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BCH F	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALONSO, JOHN	2.2 NAME	
STREET ADDRESS	70 EAST OLD COUNTRY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HICKSVILLE NY	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAKAMURA, YUGI	3.2 NAME	
STREET ADDRESS	8-23-3 OIJIDAI	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHIBA 285, JAPAN	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATTI, DOROTHEA	4.2 NAME	
STREET ADDRESS	2060 S. PATRICK DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0104427

CR2E034 (9/96)