

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L36915**
1. Corporation Name

INTERNATIONAL ARTISTS SOCIETY, INC.

Principal Place of Business: **1080 N.W. 163rd Dr. Miami, FL 33169**
Mailing Address: **1080 N.W. 163rd Dr. Miami, FL 33169**

3. Date Incorporated or Qualified: **12/21/1989**
3a. Date of Last Report: **05/10/1995**

2. Principal Place of Business: **1080 N.W. 163rd Dr.**
2a. Mailing Address: **1080 N.W. 163rd Dr.**

4. FEI Number: **65-0193624**
Applied For: Not Applicable

21. City & State: **Miami, FL**
26. City & State: **Miami, FL**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

22. Zip: **33169** Country: **USA**
27. Zip: **33169** Country: **USA**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

23. Name and Address of Current Registered Agent: **David M. Stolar, 1350 Kane Concourse, Bay Harbor Islands, FL 33154**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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.

10. Name and Address of New Registered Agent: **FL**

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: Director	<input type="checkbox"/> DELETE	1.1 TITLE: N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Shoop, Jamie		1.2 NAME: N/A	
STREET ADDRESS: 1080 N.W. 163rd Drive		1.3 STREET ADDRESS: N/A	
CITY-ST-ZIP: Miami, FL 33169		1.4 CITY-ST-ZIP: N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Director	<input type="checkbox"/> DELETE	2.1 TITLE: N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Bakula, Guillermo		2.2 NAME: N/A	
STREET ADDRESS: 1080 N.W. 163rd Drive		2.3 STREET ADDRESS: N/A	
CITY-ST-ZIP: Miami, FL 33169		2.4 CITY-ST-ZIP: N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Director	<input type="checkbox"/> DELETE	3.1 TITLE: N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Concepcion, Jorge		3.2 NAME: N/A	
STREET ADDRESS: 1080 N.W. 163rd Drive		3.3 STREET ADDRESS: N/A	
CITY-ST-ZIP: Miami, FL 33169		3.4 CITY-ST-ZIP: N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	<input type="checkbox"/> DELETE	4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		4.2 NAME: _____	
STREET ADDRESS: _____		4.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		4.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	<input type="checkbox"/> DELETE	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: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	<input type="checkbox"/> DELETE	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: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*****225.00**

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 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: _____ **Jorge Concepcion** **5/10/96** **(305)620-3600**

DATE: _____

CR2E034 (12/95)