SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG 10 PM 12:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **M19385** **(7)**

1. Corporation Name
I.S.E. INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
9001 SW 77 AVE #403 MIAMI FL 33156	9001 SW 77 AVE #403 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/13/1985
3a. Date of Last Report: 08/05/1994

2. Principal Place of Business	2a. Mailing Address
21 7300 SW 82 ST	26 7300 SW 82 ST
Suite, Apt. #, etc. 22 # A-204	Suite, Apt. #, etc. 27 # A-204
City & State 23 miami FL	City & State 28 miami FL
Zip / Country 24 33143 / 25	Zip / Country 29 33143 / 30

4. FEI Number: 59-2567618 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

HOFFMAN, ROBERT M.
800 DOUGLAS ENTRACE
EXECUTIVE BLDG., SUITE 365
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☒ Change ☐ Addition
NAME	CANER, PHILIPPE	1.2 NAME	
STREET ADDRESS	~~9001 SW 77 AVE., #403~~	1.3 STREET ADDRESS	7300 SW 82 ST #A-204
CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP	miami FL 33143
TITLE	ST	2.1 TITLE	☒ Change ☐ Addition
NAME	GRIMONPONT, AGNES	2.2 NAME	
STREET ADDRESS	~~9001 SW 77 AVE #403~~	2.3 STREET ADDRESS	7300 SW 82 ST #A-204
CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP	miami FL 33143
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: A. Grimonpont AGNES GRIMONPONT 8/2/95 669-3264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062329 CP