

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N32498 (0)
1. Corporation Name
INTERNATIONAL SPECIAL EVENTS SOCIETY, INC.

FILED

96 OCT 10 AM 11:41

SECRETARY OF STATE



Principal Place of Business %RICHARD SPIER 2689 STIRLING RD FT. LAUDERDALE FL 33312 US		Mailing Address %RICHARD SPIER 2689 STIRLING RD FT. LAUDERDALE FL 33312 US		3. Date Incorporated or Qualified 05/25/1989		3a. Date of Last Report 05/01/1995	
2. Principal Place of Business 21 Dennis Christopher Suite, Apt. #, etc. 22 3071 NE 14th Ave. City & State 23 Oakland Park, FL Zip 24 33334		2a. Mailing Address 26 Dennis Christopher Suite, Apt. #, etc. 27 3071 NE 14th Ave. City & State 28 Oakland Park, FL Zip 29 33334		4. FEI Number 33-0302596		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5.00 Additional Fee Required \$8.75 May Be Added to Fees	
8. Name and Address of Current Registered Agent FUCHS, SHERRI 5353 N. FEDERAL HWY., SUITE 402 FT. LAUDERDALE FL 33308				10. Name and Address of New Registered Agent 81 Name Stacy Stern 82 Street Address (P.O. Box Number is Not Acceptable) 14770 Biscayne Blvd. 83 84 City N. Miami Beach 85 Zip Code FL 33181			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 provisions of, Section 617.0503, Florida Statutes. SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title, if applicable. DATE: 9-27-96							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD NAME CHRISTOPHER, DENNIS STREET ADDRESS 3071 NE 14TH AVE CITY-ST-ZIP OAKLAND PK FL <input type="checkbox"/> DELETE				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE VD NAME FUCHS, SHERRI STREET ADDRESS 5353 N. FEDERAL HWY CITY-ST-ZIP FT. LAUDERDALE FL 33308 <input checked="" type="checkbox"/> DELETE				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE D NAME CAMBRIA, PHYLLIS STREET ADDRESS 225 E LAS OLAS BLVD. CITY-ST-ZIP FT LAUDERDALE F <input checked="" type="checkbox"/> DELETE				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE D NAME STERN, STACY STREET ADDRESS 14770 BISCAYNE BLVD CITY-ST-ZIP N. MIAMI BEACH FL 33181 <input type="checkbox"/> DELETE				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X SIGNATURE REQUIRED Dennis Christopher (860) 563-4277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E037 (3/96)