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FILED

May 06 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 # P93000041872 (1)

1. Corporation Name  
ISAQUEENA CORP.



Principal Place of Business

701 BRICKELL AVE  
SUITE 1200  
MIAMI FL 33131

Mailing Address

701 BRICKELL AVE  
SUITE 1200  
MIAMI FL 33131-2851

3. Date Incorporated or Qualified  
06/14/1993

3a. Date of Last Report  
05/01/1996

4. FEI Number  
65-0425868

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

2. Principal Place of Business

21. 200 S. Biscayne Blvd.

22. Suite, Apt. #, etc.  
20th Floor

23. City & State  
Miami, FL

24. Zip Country  
33131 USA

2a. Mailing Address

26. 200 S. Biscayne Blvd.

27. Suite, Apt. #, etc.  
20th Floor

28. City & State  
Miami, FL

29. Zip Country  
33131 USA

9. Name and Address of Current Registered Agent

ROSSZ FIU CORPORATION

701 BRICKELL AVE  
SUITE 1200  
MIAMI FL 33131

(Change of Address Only)

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)  
200 S. Biscayne Blvd., 20th Floor

83.

84. City Zip Code  
Miami FL 33131

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

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

PSY  
CHEEZEM, CHARLES K  
701 BRICKELL AVE SUITE 1200  
MIAMI FL 33131

TITLE NAME ☐ DELETE

AS  
CHEEZEM, JAN C  
701 BRICKELL AVE SUITE 1200  
MIAMI FL 33131

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME (Address Only)

1.3 STREET ADDRESS 200 S. Biscayne Blvd., 20th Floor

1.4 CITY-ST-ZIP Miami, FL 33131

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME (Address Only)

2.3 STREET ADDRESS 200 S. Biscayne Blvd., 20th Floor

2.4 CITY-ST-ZIP Miami, Florida 33131

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN CARSON CHEEZEM 4/29/97 (305) 358-7605

Date

Daytime Phone #

CR2E034 (9/96)