FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Apr 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000068754 (9)

INTERNATIONAL SHARES, INC.

941 NE 19TH AVE SUITE 301/302 FT LAUDERDALE FL 33304 US		UNIT #4	2600 NE 11TH COURT UNIT #4 FORT LAUDERDALE FL 33304-4503			Date Incorporated or Qualified 09/27/1993	3. Date Incorporated or Qualified			
,	Place of Business	2a. Mailing Addre	2a. Mailing Address			4. FEI Number	<u> </u>	A	Applied For	
21		26				65-0456195			tot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat 23	te	City & State				Election Campaign Financing Trust Fund Contribution			May Be	
Zip 24	Country 25	Zip 29	 	Country 30		8. This corporation has liability for intangible tax under s. 199.03: Florida Statutes			s. 199.032,	
	9. Name and Address of			1		10. Name and Address of New F	egistered	Agent		
HASAN, SAM C/O S & J INTERNATIONAL INVESTMENT 941 NE 19 AVENUE SUITE 301 FT. LAUDERDALE FL 33304				81 82 83	Name Street A	ddress (P.O. Box Number is Not Accept	able)			
				84	City		FL	85 Zip	Code	
11. Pursuant office or agent. La SIGNATURE	to the provisions of Sections 6 registered agent, or bolts, in this in familiar with, and accept the Signature, typed or priced raise of reps					corporation submits this statement for the oration's board of directors. I hereby acc equired when reinstating?	purpose of ept the app	changing ointment a	its registered s registered	
12.	OFFICE	RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12	
TifLE	PO	☐ DE	ETE 1.1	TITLE				Change	Addition	
NAME	OSAMAH HASAN		1.24	NAME						
STREET ADDRESS	2600 NE 11CT, #4		1.3 3	STREET	ADDRESS				ļ	
CITY-ST-ZIP	FT LAUDERDALE FL	T pri		CITY-S	T- ZIP			Channe	Eddition	
TITLE		DEI	1	TITLE	ļ			Change	Addition	
NAME				NAME						
STREET ADDRESS					ADDRESS					
TOLE		□ DEL		CITY-S FITLE	ST - ZiP			Change	Addition	
NAME:		<u> </u>		NAME						
STREET ADDRESS					ADDRESS					
CITY - ST - ZIF				CITY-5						
TOTUE		☐ DEI		TITLE				Change	Addition	
NAME			4 2	NAME						
STREET ADDRESS			4.3 :	STREET	ADDRESS					
CITY-ST-ZIP	1570			CITY-S	T-ZIP		·,			
1!TLF		☐ DEI	ETE 5.11	TITLE	ľ			☐ Change	Addition	
NAME				NAME						
STREET ADORESS			5.3 9	STREET	ADDRESS					
CITY+S1+ZIP				CITY-S	T-ZIP			7=4 a.		
TITLE		☐ DEL		FITLE				Change	Addition	
NAME				NAME						
CTUEST APPRISE C]		626	122012	AUDBEGG					

CITY-ST-ZIP 6
 4. 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