

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Worthington
Secretary of State
1115 Bay Street, Tallahassee, FL 32304

APPROVED
AND
FILED

50 MAY 15 AM 9:15

CORPORATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000027467 (7)**

INTERNATIONAL SURPLUS BROKERS, INC.

(DO NOT WRITE IN THIS SPACE)

1. Principal Office (City, State, Zip)		2a. Mailing Address	
20121 N.W. 84TH AVENUE MIAMI FL 33015		20121 N.W. 84TH AVENUE MIAMI FL 33015	
2. Director (Name of Corporation)	2b. Mailing Address	3. Date of Reporting Period (Month)	3a. Date of Last Report
21	26	04/11/1994	
22. State of Incorporation	27. State of Mailing Address	4. FIC Number	Applied For
22	27	65-0495765	Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input checked="" type="checkbox"/> Renew	
24. State	25. County	29. State	30. County
24	25	29	30

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under 1993 Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PEREZ, JAMES 20121 N.W. 84TH AVENUE MIAMI FL 33015				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City			
				85. Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.04(2) and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent of 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 Sections 607.04(2) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95	
OFFICER	PD PEREZ, MARIA A 20121 N.W. 84TH AVENUE MIAMI FL 33015	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	STD PEREZ, JAMES 20121 N.W. 84TH AVENUE MIAMI FL 33015	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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 as of the date of the filing of this report, or, if such corporation is controlled by one or more persons, that my name appears on Block 12 or Block 13 of this report, or on an alternate or validly amended.

SIGNATURE: *Mania A. Perez* Mania A. Perez 5/10/95 3058293231