2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400033368 1. Entity Name ISI INVESTMENT. INC.

Principal Place of Business

Mailing Address

112 GORALDA AVE.

3805 SW 8TH STREET MIAMI FL 33134-3001 FILED May 03, 2001 8:00 am Secretary of State

05-03-2001 90948 037 ***150.00

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2. Principal Place of Business 500 S.W. 800 3. Mailing Address								
Suite, Apt.					DO NOT WRITE IN THIS SPACE			
City & State		City & State Sp. M. &		4.	FEI Number 65-05003	67	Applied For	
MIAMI							Not Applicable	
Zip 3	3174 Country	Zip	Country		Certificate of Status Desired	Fee Requ	Additional iired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
AN APPLIA TARRETT I				Name				
VILARINO, MANUEL I 3805 S.W. 8TH ST.			Street A	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33174			 -					
111H W								
			City			FL Zip C	ode	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.								
SIGNATURE								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered Agent signate	are required when r	reinstating)	DATE		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS					10. Election Campaign F	inancing \$5	.00 May Be	
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fe Make Check Payable to					Trust Fund Contribut		ded to Fees	
	OFFICERS AND I		12.			FICERS AND DIRECTO	ORS IN 11	
TITLE	I PD	Delete	TITLE		SBITTOTO OF BRITALES TO CI	☐ Chang		
NAME	VILARINO, MANUEL I	Delete	NAME			. —		
STREET ADDRESS	3805 S.W. 8TH ST.		STREET ADDRESS				}	
CITY-ST-ZIP	MIAMI FL 33174		CITY-ST-ZIP					
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NAME	VILARINO, ELENA A		NAME				1	
STREET ADDRESS CITY-ST-ZIP	3805 S.W. 8TH ST. MIAMI FL 33174		STREET ADDRESS CITY-ST-ZIP				1	
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NAME		□ D€I€IE	NAME		A. U.lariño		7	
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NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP)	
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13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00