

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000046282 (7)

1. Corporation Name
HOUSE OF ISIS, INC.

Principal Place of Business

**401 69TH STREET
APT. 103
MIAMI BEACH FL 33141**

Mailing Address

**401 69TH STREET
APT. 103
MIAMI BEACH FL 33141**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/17/1994

3a. Date of Last Report

4. FEI Number
65-0499886

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$0.75 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. 119.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 401 69 ST

2a. Mailing Address

26 401 69 ST.

Suite, Apt. #, etc.

22 PH-J

Suite, Apt. #, etc.

27 PH-J

City & State

23 MIAMI BEACH

City & State

28 MIAMI BEACH

Zip

24 33141

Country

Zip

29 33141

Country

30

9. Name and Address of Current Registered Agent

**ALVAREZ, GLORIA
401 69TH STREET
APT. 103 PH-J
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ALVAREZ, GLORIA**
STREET ADDRESS **401 69TH STREET APT. 103 PH-J**
CITY - ST - ZIP **MIAMI BEACH FL 33141**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

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 110.07(3)(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 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 REGISTERED AGENT OR DIRECTOR

4-27-95

(25) 642-4144