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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1 .	IMENI ion Name I.S. ENTE	RPRISES INC.	00058101 (4))		81 814 1 416 1 226 1 825 1 116 2 886
Principal Pla	ice of Busine	SS .	Mailing Address		I 18011901 IIO 10111 87011 60111 00111 90111 08	01 01181 10401 HIBH BUTON 1304 F804
i '		•	•			
20335 BISCAYNE BLVD 20335 BISCAYNE BLVD L-35						
N MIAMI BEACH FL 33180			N MIAMI BEACH FL 33180		DO NOT WRITE IN TI	HIS SPACE
US			U\$		3. Date Incorporated or Qualified	
L					08/05/1994	
⊢ '	2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.		65-0511026	Not Applicable
22					5. Certificate of Status Desired	\$8.75 Additional
City & State			City & State		A 51 11 A 11 5 5 1	Fee Required
23			28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	· · · · · · · · · · · · · · · · · · ·	Country	Zip	Country	This corporation owes or has paid the	· · · · · · · · · · · · · · · · · · ·
24		25	29	30	Personal Property Tax due June 30.	Yes No
	9, Name	and Address of Curr	ent Registered Agent		10. Name and Address of New Registe	red Agent
н	IAMERSMITI	H, MINDA ESQ		81 Name		
1481 NW NORTH RIVER DR. MIAMI FL 33125				82 Street Add	Iress (P.O. Box Number is Not Acceptable)	1 - 12
					- Total (Total Control of the Contr	
				B3		
				84 City		85 Zip Code
						-L
agent. I	am familiar w	ith, and accept the obli	gations of, Section 607.0505, FI	orida Statutes	poration submits this statement for the purpos ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE	Signature, typed	d or printed name of registered a	igent and tille if applicable. (NO	E: Registered Agent signature requ		
12.	Signature, typec	d or printed name of registered a	igent and tille il applicable. (NOI ND DIRECTORS	E: Registered Agent signature requ	olred when reinstating) DA' ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12. TITLE	Signature, typed	d or printed name of registered a OFFICERS AI	igent and tille if applicable. (NO	IE: Registered Agent signature required. 13. 1.1 TITLE		
12. TITLE NAME	PD STERN	d or printed name of registered a OFFICERS AI	igent and tille il applicable. (NOI ND DIRECTORS	13. 1.1 TIJLE 1.2 NAME		AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	PD STERN 20338	OFFICERS AI HARRIET J WEIS BISCAYNE BLVD	igent and tille il applicable. (NOI ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		AND DIRECTORS IN 12
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14. 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 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address.

FILED

Apr 06 1998 8:00am

Secretary of State