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

CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED
95 MAY -1 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000062707 (2)**

1. Corporate Name
**INTERNATIONAL SYSTEMS USA, INC.**

Principal Place of Business
11723 SW 107TH LN
MIAMI FL 33186

Mailing Address
11723 SW 107TH LN
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 08/25/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt # — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / 29 / 30

4. FEI Number: 65-0515157 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 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 Ch. 199.032 Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

CALVAR, JOAQUIN R
11723 SW 107TH LN
MIAMI FL 33186

**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 Section 607.0505, 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 the position as set forth in Florida Statutes.

SIGNATURE
(If the registered agent is a corporation, this must be signature of an officer or director of the registered agent) — (If the Registered Agent is an individual, this must be signature of the agent) — DATE

**12. OFFICERS AND DIRECTORS**

| | |
|---|---|
| TITLE | D |
| NAME | BERMEJO, ABEL |
| STREET ADDRESS | 11723 SW 107TH LN |
| CITY, ST, ZIP | MIAMI FL 33186 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

**13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS**

| | |
|---|---|
| 1. TITLE | ☐ Change ☐ Addition |
| 1. NAME | |
| 1. STREET ADDRESS | |
| 1. CITY, ST, ZIP | |
| 2. TITLE | ☐ Change ☐ Addition |
| 2. NAME | |
| 2. STREET ADDRESS | |
| 2. CITY, ST, ZIP | |
| 3. TITLE | ☐ Change ☐ Addition |
| 3. NAME | |
| 3. STREET ADDRESS | |
| 3. CITY, ST, ZIP | |
| 4. TITLE | ☐ Change ☐ Addition |
| 4. NAME | |
| 4. STREET ADDRESS | |
| 4. CITY, ST, ZIP | |
| 5. TITLE | ☐ Change ☐ Addition |
| 5. NAME | |
| 5. STREET ADDRESS | |
| 5. CITY, ST, ZIP | |
| 6. TITLE | ☐ Change ☐ Addition |
| 6. NAME | |
| 6. STREET ADDRESS | |
| 6. CITY, ST, ZIP | |

14. I hereby certify that the information supplied with this report is accurate, complete and current as of the date of this report. I further certify that the corporation has complied with all applicable provisions of Florida Statutes, including, but not limited to, Section 607.0505, Florida Statutes, and that the corporation is currently in good standing with the Department of State.

**SIGNATURE:** [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF MAJORITY OFFICER OR DIRECTOR
Abel Bermejo - President

4-10-1995 (305) 274-5717
DATE — DAYTIME PHONE NUMBER

0204555 CP