

5-15-98 B 7405 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000011321 (3)

1. Corporation Name:

INTERNATIONAL SALES GROUP/1500 OCEAN, INC.



Principal Place of Business 5161 COLLINS AVE #408 MIAMI BEACH FL 33140 US	Mailing Address 5161 COLLINS AVE #408 MIAMI BEACH FL 33140 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3390 N.E. 190 th Street Suite, Apt. #, etc. 22 City & State 23 Aventura, Florida 24 Zip 33180 25 Country U.S.A.		2a. Mailing Address 26 3390 N.E. 190 th Street Suite, Apt. #, etc. 27 City & State 28 Aventura, Florida 29 Zip 33180 30 Country U.S.A.		3. Date Incorporated or Qualified 02/08/1995	4. FEI Number 65-0574749	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent COLODNY, MICHAEL 2000 W COMMERCIAL BOULEVARD SUITE 232 FT. LAUDERDALE FL 33309				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			
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPIEGELMAN, PHILLIP		1.2 NAME	Spielgelman, Philip J.			
STREET ADDRESS	5161 COLLINS AVENUE, 408		1.3 STREET ADDRESS	3390 Northeast 190th Street			
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	Aventura, Florida 33180			
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STUDNICKY, CRAIG		2.2 NAME	Studnick, Craig			
STREET ADDRESS	5161 COLLINS AVENUE 408		2.3 STREET ADDRESS	3390 Northeast 190th Street			
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP	Aventura, Florida 33180			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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 this 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:  Philip J. Spielgelman
Tel: 305-931-6512
4-28-98

CR2E034 (10/97)