PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000012147

1. Corporation Name

INTERNATIONAL SALES GROUP, INC

Principal Plac	e of Business	Malling A	aaress					
3390 NE 190TH ST		3390 NE 1	3390 NE 190TH ST					
#408		#408	- ·			DO NOT WRITE IN THIS SPACE		
AVENTURA FL 33180		AVENTURA US	AVENTURA FL 33180			3. Date Incorporated or Qualifed		
US		US				02/10/1995		
a Principal P	tace of Business	2a, Mailin	g Address			4 FEI Number	ТПАр	plied For
— `	IZCO OF DUSINESS	26	g / ladi 000			65-0574744	No	t Applicable
Suite, Apt.	# etc		Apt. #, etc.				8.75	Additional
22	rr, 0.00.	27				5. Certifcate of Status Desired	Fee Re	quired
- City & Stat	9		State	==		= =6: Election Campaign Einancing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	
Zip	Country	Zip		Countr	·	8. This corporation owes the current year Intang	ible	_
24	25	29	3	o		T Gradital Troporty Tux.	Yes	□No
	9. Name and Address of Cu	urrent Registered A	Agent			10, Name and Address of New Registered Age	nt	
				81	Name			
COLODNY, MICHAEL					Street Addr	ess (P.O. Box Number is Not Acceptable)		
2000 WEST COMMERCIAL BOULEVARD SUITE 232				82		· · ·		
				83				
FT. 1	Lauderdale FL 33309			84	City		5 Zip (Code
						₽L↓	`\`	
11, Pursuant	to the provisions of Sections 607	7.0502 and 607.150	8, Florida Statutes	, the abov	e-named corp	poration submits this statement for the purpose of cha	nging its	registered
office or i	registered agent, or both, in the S am familiar with, and accept the o	State of Florida. Suc obligations of, Sectio	n change was aut n 607.0505, Florid	norizeo by la Statute:	me corporations.	on's board of directors. I hereby accept the appointm	em as re	gistorea
*	or ranna man and	..						
SIGNATURE	Signature, typed or printed name of registere	ed agent and title if applicab	le. (NOTE: R	egistered Age	at signature require			
12.	OFFICER	S AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS AND E	DIRECTO	RS IN 12 Addition
TITLE	Р		☐ DELETE	1.1 TITLE		۲] Change	☐ Addition
NAME	SPIEGELMAN, PHILIP J			1.2 NAME				
STREET ADDRESS	3390 NE 190TH ST			1.3 STREE	TADDRESS			
CITY-ST-ZIP	AVENTURA FL 33180			1.4 CITY-	ST-ZIP		100	Addition
TITLE	VP		☐ DELETE	2.1 TITLE		L] Change	☐ Addition
NAME	STUDNICKY, CRAIG			2.2 NAME				
STREET ADDRESS				2.3 STREE	TADDRESS			
CITY_ST_ZIP	AVENTURA FL 33180			2. 4 CITY-	ST-ZIP		7.05	. T * 4.4%*
TITLE		~ 	DELETE	3.1 TITLE			il Cuauge /	Addigon رياشت
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREI	ET ADDRESS			
CITY-ST-ZIP				3.4, CITY-	ST-ZIP	<u></u>	7.01	F 4.430
TITLE			☐ DELETE	4.1 TITLE] Change	☐ Addition
NAME				4. 2 NAME	:			
STREET ADDRESS				4.3 STREE	ET ADDRESS			
3 INCE I MODINGS	1							
				4.4 CITY-	ST-ZIP			
CITY-ST-ZIP			☐ DELETE	4.4 CITY- 5.1 TITLE	ST-ZIP	, <u>. </u>] Change	☐ Addition
CITY-ST-ZIP			DELETE			, .] Change	☐ Addition
CITY-ST-ZIP TITLE NAME			☐ DELETE	5.1 TITLE 5.2 NAME		, <u> </u>] Change	☐ Addition
CITY-ST-ZIP			☐ DELETE	5.1 TITLE 5.2 NAME	ET ADORESS	, . C] Change	Addition

SIGNATURE:

14. I hereby certify that the information indicated on this annual report of the corporation of the corporation.

Block 12 or Block 13

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

ported with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information bemental 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

☐ Change

Addition

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90114 002 *1,050.00