

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

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Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000028981 (5)**

1. Corporation Name
INTERNATIONAL SYSTEMS CONSULTANTS, INC.



Principal Place of Business 1000 BRICKELL AVE SUITE 1020 MIAMI FL 33131 US		Mailing Address 1000 BRICKELL AVE SUITE 1020 MIAMI FL 33131-3014 US		3. Date Incorporated or Qualified 04/13/1995	3a. Date of Last Report 05/31/1996
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	4. FEI Number 65-0578043	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent HOFFMAN, WILLIAM D A 999 BRICKELL AVE. SUITE 500 MIAMI FL 33131		10. Name and Address of New Registered Agent 81. Name LISA M. CURL 82. Street Address (P.O. Box Number is Not Acceptable) 1000 BRICKELL AVE. 83. SUITE 1020 84. City MIAMI FL 85. Zip Code 33131			

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: *Lisa M. Curl* **LISA M. CURL** DATE: **3/6/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME CURL, LISA M STREET ADDRESS 1000 BRICKELL AVENUE, #1020 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT AND DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME CURL, LISA M. 1.3 STREET ADDRESS 1000 BRICKELL AVENUE, #1020 1.4 CITY-ST-ZIP MIAMI - FL - 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MARTIN, JAMES F STREET ADDRESS 1000 BRICKELL AVENUE, #1020 CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 reported 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: *Lisa M. Curl* **LISA M. CURL** DATE: **3/6/97** 305-358-5060

CR2E034 (9/96)