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PROFIT CORPORATION ANNUAL REPORT



appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

P95000061919 (3)

INTERNATIONAL	STRUGS	CONCLUTANTS	INC

Principal Place of Business Mailing Address 911 NORTHWEST 85 TERRACE, SUITE 1307 911 NORTHWEST 85 TERRACE, SUFFE 1307 PLANTATION FL 33324 PLANTATION FL 33324 3. Date Incorporated or Qualified 3a. Date of Last Report 08/10/1995 **FEI Number** 2a. Mailing Address Applied For 2. Principal Place of Business 26 Not Applicable 21 Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8.) This corporation has liability for intangible tax under s. 199.032 Z_{150} Country Zip ☐ Yes X No 29 Florida Statutes 25 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD Street Address (P.O. Box Number is Not Acceptable) 82 343 ALMERIA AVENUE 83 **CORAL GABLES FL 33134** Zip Code City 85 FL 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE Signature, typed or printed name of registerial agent and tirle it apply at 5 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PSTD DELETE ☐ Change Addition 1. 1 Title TITLE BERK, STACEY D 1.2 NAME NAME 911 NORTHWEST 85 TERRACE, SUITE 1307 1.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL 33324** 1.4 CITY - SF - ZIF CITY - ST - ZIP DELETE Change Addition TITLE 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 City - St - ZiF C:TY - ST - ZIP ☐ DELETE 3 1 T-TLE Change Add:tion TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIF 011 y - S* - ZIP [] Change ☐ Addition [DELETE 4 Tille TIZLE NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 5 4 CITY - ST - ZIP C Addition Change TITLE DELETE 6 1 MILE 6.2 NAME NAME STREET ADDRESS € 3 STREET AUDPESS

6.4.011/-S1-ZiP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.19.07(3)(k), 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 logal effect as if made under early, 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

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96 (954) 423-3863

(12/95)

R2E034