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Secretary of State

06-08-1999 90012 040 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000090015 ✓			
1. Corporation Name INTERNATIONAL SERVICING & DISTRIBUTING CORPORATI ON			
Principal Place of Business 7758 NW 71ST STREET MIAMI FL 33166 US		Mailing Address 7758 NW 71ST STREET MIAMI FL 33166 US	
2. Principal Place of Business 21 10865 N.W. 29TH STREET		2a. Mailing Address 26 10865 N.W. 29TH STREET	
Suite, Apt. #, etc. 22 SUITE 200		Suite, Apt. #, etc. 27 SUITE 200	
City & State 23 MIAMI, FL.		City & State 28 MIAMI, FL.	
Zip 24 33172		Zip 29 33172	
Country 25 USA		Country 30 USA	
9. Name and Address of Current Registered Agent			
1707 SW 102ND PLACE 7754 NW 71ST ST MIAMI FL 33165 <i>This address doesn't correspond here! Thank you!</i>			
10. Name and Address of New Registered Agent			
81 Name FELIX CASTELLANOS 82 Street Address (P.O. Box Number is Not Acceptable) 1707 S.W. 102ND PLACE 83 84 City MIAMI FL 33165 FL 85 Zip Code 33165			
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 <i>[Signature]</i>		DATE 6/21/99	
(NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)