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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000018686 (1)**

1. Corporation Name
ISCO CORPORATION

Principal Place of Business	Mailing Address
1740 NW 86 AVE MIAMI FL 33172	1740 NW 86 AVE MIAMI FL 33172-2317

3. Date Incorporated or Qualified: **02/29/1996** | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 7154 NW 51 STREET	26 7154 NW 51 STREET
22 State, Apt. #, etc.	27 State, Apt. #, etc.
23 City & State: MIAMI , FL .	28 City & State: MIAMI , FL .
24 Zip: 33166 25 Country: USA	29 Zip: 33166 30 Country: USA

4. FEI Number: **65-0662919** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PASTOR, EMILIO C
155 SO MIAMI AVE
MIAMI FL 33130

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

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(S) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.01 TITLE	VSD ☐ DELETE	1.1 TITLE	T/D	☑ Change ☐ Addition
1.02 NAME	LOZANO, RAFAEL I	1.2 NAME	NEUTA, RAFAEL I.	
1.03 STREET ADDRESS	TRANSVERSAL 93 #62-70 INTERIOR 18	1.3 STREET ADDRESS	TRANSVERSAL 93 # 62-70 INTERIOR 18	
1.04 CITY-ST-ZIP	BOGOTA , COLOMBIA	1.4 CITY-ST-ZIP	BOGOTA , COLOMBIA	
2.01 TITLE	PTD ☐ DELETE	2.1 TITLE	P/C/D	☑ Change ☐ Addition
2.02 NAME	LOZANO, PEDRO A	2.2 NAME	VELASQUEZ, PEDRO A.	
2.03 STREET ADDRESS	TRANSVERSAL 93 #62-70 INTERIOR 18	2.3 STREET ADDRESS	TRANSVERSAL 93 # 62-70 INTERIOR 18	
2.04 CITY-ST-ZIP	BOGOTA , COLOMBIA	2.4 CITY-ST-ZIP	BOGOTA , COLOMBIA	
3.01 TITLE	☐ DELETE	3.1 TITLE	V/S/D	☐ Change ☑ Addition
3.02 NAME		3.2 NAME	VELASQUEZ, JOSE	
3.03 STREET ADDRESS		3.3 STREET ADDRESS	7411 SW 152 AVE # 208	
3.04 CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL. 33193	
4.01 TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
4.02 NAME		4.2 NAME		
4.03 STREET ADDRESS		4.3 STREET ADDRESS		
4.04 CITY-ST-ZIP		4.4 CITY-ST-ZIP		
5.01 TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
5.02 NAME		5.2 NAME		
5.03 STREET ADDRESS		5.3 STREET ADDRESS		
5.04 CITY-ST-ZIP		5.4 CITY-ST-ZIP		
6.01 TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
6.02 NAME		6.2 NAME		
6.03 STREET ADDRESS		6.3 STREET ADDRESS		
6.04 CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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 added on an attachment with an address.

SIGNATURE: JOSE VELASQUEZ VICEPRESIDENT 02-05-97 (305) 436-6660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0232174