


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

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000019050 (9) 1. Corporation Name INTEGRATED SYSTEMS GROUP, INC.					
Principal Place of Business 3891 NW 4 STREET MIAMI FL 33126			Mailing Address 3891 NW 4 STREET MIAMI FL 33126 US		
2. Principal Place of Business 21 288 ARAGON AVENUE Suite, Apt. #, etc. 22 Suite D. City & State 23 Coral Gables, FL Zip 24 33134 Country 25 USA		2a. Mailing Address 26 288 ARAGON AVENUE Suite, Apt. #, etc. 27 SUITE D City & State 28 Coral Gables, FL Zip 29 33134 Country 30 USA		3. Date Incorporated or Qualified 02/28/1996 4. FEI Number 65-0647836 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ALEMAN, JOSE 3891 NW 4 STREET MIAMI FL 33126			10. Name and Address of New Registered Agent 81 Name JOSE ALEMAN 82 Street Address (P.O. Box Number is Not Acceptable) 288 ARAGON AVENUE 83 Suite D 84 City MIAMI Coral Gables FL 85 Zip Code 33134		
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 provisions of, Section 607.0505, Florida Statutes. SIGNATURE <i>Jose B. Aleman</i> JOSE B. ALEMAN 3/24/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	PSTD	<input type="checkbox"/> DELETE			
NAME	ALEMAN, JOSE				
STREET ADDRESS	3891 NW 4 STREET				
CITY-ST-ZIP	MIAMI FL 33126				
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE			
NAME	WALTER FERNANDEZ				
STREET ADDRESS	915 8TH STREET # 106				
CITY-ST-ZIP	MIAMI BEACH, FL 33139				
TITLE	TREASURER	<input type="checkbox"/> DELETE			
NAME	ROBERT MENA				
STREET ADDRESS	10036 DORAL BLVD				
CITY-ST-ZIP	MIAMI, FL 33178				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

*Jose B. Aleman*

3/24/98

(805) 374-2471

CR2E034 (10/97)