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

PROFIT CORPORATION **ANNUAL REPORT**

1997

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Secretary of State

Change

Addition

Jul 16 1997 8:00am

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000025283 (8)

ISACO MANAGEMENT CORPORATION

| Principal Place of Business 3651 N.W. 79TH AVENUE MIAMI FL 33166 | | Mailing Address 3651 N.W. 79TH AVENUE MIAMI FL 33166-6607 | | | |
|--|---|---|--|--|--|
| | | | | 3. Date Incorporated or Qualified 03/20/1996 | 3a. Date of Last Report |
| 2. Principal F | Place of Business | 2a, Mailing Address 26 | | 4. FEI Number 65-06-56-315 | Applied For |
| Suite, Apt. | #, etc. | Suite, Apl. #, etc. | | | Not Applicable \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & Stat | ie – | City & State | *************************************** | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | 7 p | Country 30 | This corporation has liability for in Elorida Statutes | nlangible tax under s 199.032, |
| | 9. Name and Address of Currer | | [30] | 10. Name and Address of New Re | |
| LAP | IDUS, STEVEN B | | 81 Name | | |
| 122 | 1 BRICKELL AVENUE, SUITE 21 | 00 | 82 Street Ad | dress (P.O. Box Number is Not Acceptab | Jo) |
| MIA | MI FL 33131 | | | Wood (.e. Pox Hamov is not recopied | |
| | | | 83 | | |
| , | • | | 84 City | | 85 Zip Code |
| 4 Purcusot | to the provisions of Sections 607.000 | 22 and CO7 1CO9 Florido Plat | dos the above period of | | |
| office or i | registered agent, or both, in the State am familiar with, and accept the oblig | of Florida, Such change was ations of, Section 607,0505, F | authorized by the corpor lorida Statutes. | rporation submits this statement for the p ation's board of directors. I hereby accep | or pose of changing its registered of the appointment as registered |
| SIGNATURE | | | | | |
| | Signature, typed or printed name of registered age | | TE Degistered Agent signature req | | DATE |
| 12. | OFFICERS AN | ID DIRECTORS | 13. 1.1 Wife | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTORS IN 12 Change Addition |
| NAME | ZELCER, ISAAC | L. Milli | 1.2 NAME | | F1 cuanãe ⊟ vodinou |
| STREET ADDRESS | 3651 N.W. 79TH AVENUE | | 1.3 STHEET ADDRESS | | |
| City-St-ZiP | MIAMI FL 33166 | | 1.4 City-St-ZiP | | |
| TITLE | D | DELETE | 2.1 1BUF | | Change Addition |
| NAME | ZELCER, LEYA | | 2.2 NAME | | |
| STREET ADDRESS | 3651 N.W. 79TH AVENUE | | 2.3 STREET ADDRESS | | |
| CATY-ST-ZIP | MIAMI FL 33166 | | 2. 4 C(1Y - S1 - Z(F) | | |
| TITLE | | DELFTE | 3.1 Title | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADORESS | | | 3 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | T Serve | 3.4 CITY-S1-ZIP | | |
| TIFLE | | [] OFLETE | 4.1 TITLE | | Change Addition |
| NAME CARSELL ADDRESSES | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STHEFT ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 44 CHY-ST-ZIP 51 TITLE | | Change Addition |
| NAME | | game to the | 5 2 NAME | | En change En Addition |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5 4 Chiy-Si-ZiP | | |

DELFTE

6.1 TITLE

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 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 eath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change I, or on an attachment with an address.