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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000072834 (0)

ISFA, INC.

,								
Principal Place of Business		Mailing Address	Mailing Address			: DANN NOOTO KITOK IBIGO IN	AL PIUL MUUL	
18000 SOUTH MIAMI FL 33	HWEST 89 AVENUE 157	18000 SOUTHWEST 89 AV MIAMI FL 33157-5912	18000 SOUTHWEST 89 AVENUE MIAMI FL 33157-5912					
				:	3. Date Incorporated or Qualified 09/03/1996	3a. Date of Last	Report	
· · · · · · · · · · · · · · · · · · ·	Prace of Business	2a. Mailing Address			4. FEI Number 65-0692986		pplied For	
Suite, Ap	ol. #. etc.	Suite, Apt. #, etc.				60 7E	lot Applicable Additional	
22 27					5. Certificate of Status Desired		Derlupe	
City & St	City & State	11.10		6. Election Campaign Financing		May Be		
23	Country	28	Country		Trust Fund Contribution	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	to Fees	
Zip 24	Country Zip 29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ✓ Yes ☐ No			
24	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
AN	MERILAWYER CHARTERED		81	Name				
343 ALMERIA AVENUE				Street Addr	dress (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134				······	······································			
			84	City		85 Zip	Code	
,				•		FL ['		
office of agent. I		isuz and 507.1508, Florida Statul ate of Florida Such change was digations of, Section 607.0505, Fl	es, the above authorized by orida Statutes	e-named corporat the corporat	oration submits this statement for the patients of directors. I hereby acception's board of directors.	or the appointment a	is registered s registered	
	Signature, typical or printed name of registered			nt signature requir	red when reinstating)	DATE		
12.		AND DIRECTORS DELETE	13.	 _	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO		
NAME	PD Sanabria, Jose A Jr.	LJ OLILIT	1.2 NAME			Cuarige	L. Addition	
STREET ADDRESS 18000 SOUTHWEST 89 AVENUE		NUE	1.3 STREET ADDRESS					
CITY - ST - ZIP	AMARK DI ANADE		14 CITY-S	1				
TITLE	VD VD	☐ DELETE				Change	Addition	
NAME	NOYA, LUIS F		2.2 NAME		•	•		
STREET ADDRESS	ANALYS DA ANALYS		2.3 STREET				j	
CITY - S1 - ZIP	MIAMI FL 33157	L 33157		ST-ZIP		Change	☐ Addition	
TITLE NAME	STD Ruiz, Alfonso J	EXT nettere				F"I OURUR	- Monthon	
STREET ADDRESS		NUE	3.2 NAME 3.3 STREET	ADDRESS				
CITY - ST - ZIP	MIAMI FL 33157		34 CITY-5					
TITLE	DELETE		41 TITLE			Change	Addition	
NAME			4. 2 NAME	Ī				
STREET ADDRESS	s		4.3 STREET	address				
CHY-ST-ZIP			4.4 CITY - S	T-ZIP	***************************************			
TITLE		DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRES	S		5.3 STREET					
CITY - ST - ZIP	1		5.4 CITY - S	T-71P				

6.4 CITY-SI-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 oath; that I are 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.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS DITY-ST-7/P

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

2/1/97

(305)234-6134

Change

Addition

FILED

Feb 11 1997 8:00am

Secretary of State

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