


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

FILED
Mar 26, 1999 8:00 am
Secretary of State

017431

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000084337**

1. Corporation Name:
INTERSYSTEM SUPPLIES EXPORT, INC.



Principal Place of Business 6971 S.W. 26 CT MIRAMAR FL 33023 US	Mailing Address 4270 NW 191 TERRACE CAROL CITY FL 33055
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3900 nw 79th Av Suite, Apt. #, etc. 22 Miami Florida suite 480 City & State 23 33166 usa Zip Country 24 25		2a. Mailing Address 26 Po Box 173271 Suite, Apt. #, etc. 27 City & State 28 Hialeah Florida Zip Country 29 33017 30 USA		3. Date Incorporated or Qualified 10/09/1996	
		4. FEI Number 65-0702550		Applied For <input checked="" type="checkbox"/> 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MEJIA W., GUADALUPE 4270 N.W. 191ST TERRACE CAROL CITY FL 33055				10. Name and Address of New Registered Agent 81 Name Josefina sanchez 82 Street Address (P.O. Box Number is Not Acceptable) 4270 nw 191 ter 83 Miami Florida 84 City FL 85 Zip Code 33055	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	presidente <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL VALLE, EDYARDO	1.2 NAME	Del valle Edgardo
STREET ADDRESS	6971 S.W. 26 CT	1.3 STREET ADDRESS	6971 sw 26 Ct Miramar
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP	FL 33023
TITLE	vicepre <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vicepre <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Del valle Edgardo Ranauro	2.2 NAME	Iris Calderon
STREET ADDRESS	6971 sw 26 Ct miramar	2.3 STREET ADDRESS	15611 sw 109 te Ter miami 33196
CITY-ST-ZIP	FL 33023	2.4 CITY-ST-ZIP	
TITLE	Treasurer <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Josefina Sanchez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mejia Guadalupe	3.2 NAME	19338 nw 91 Ct
STREET ADDRESS	6971 sw 26 Ct miramar FL	3.3 STREET ADDRESS	miami FL 33015
CITY-ST-ZIP	33023	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 #

01-15-99 305 8247698

CR2E034 (11/98)