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

PROFIT* CORPORATION **ANNUAL REPORT**

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham ~

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000072884 (4)

INVESTMENT SERVICES INTERNATIONAL. INC.

Principal Place of Business

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Mailing Address

2220 HE TITH ST HALLANDALE PL 33009

FILED Feb 04 1998 8:00am Secretary of State



2222 NE 11TH ST HALLANDALE FL 33009 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/21/1997 2, Principal Place of Business 2a. Mailing Address Applied For 5-0779913 Not Applicable VAN 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \$60 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the curren year Intangible V SA Yes Yes 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FREEDBERG, LARRY S Street Address (P.O. Box Number is Not Acceptable) City Zip Code 85 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, typod or printed name of registured agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETÉ 1.17(T) F Change Addition TITLE FREEDBERG, LARRY S NAME 1.2 NAME 2222-14-TTH-8T 1747 VAN BURGN ST #-KO STREET ADDRESS 1.3 STREET ADDRESS 33070 CITY-ST-ZIP 1.4 CHTY - ST - ZIP Change 21 TITLE Addition TITLE 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change ___ Addition 31 THLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZiP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZiP 5.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I hereby certify that the info indicated on this annual re-officer or director of the co tion 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 or supplemental innual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an it is not the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

I would Sauce REAL

1/8/98