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

PROFIT May 19 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000080250 (8) ISIS AND COMPANY, INC. Principal Place of Business Mailing Address 2215 NW 36TH STREET 2215 NW 36TH STREET **MIAMI FL 33142** MIAMI FL 33142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/15/1997 2a. Mailing Address Applied For 2. Principal Place of Business J2-093 Not Applicable 21 26 Sulte, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country Zip Zip Personal Property Tax due June 30. 25 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MADAN, RICHARD 2215 NW 36TH STREET Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33142** 83 Zip Code 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 1.1 THE PRESIDEN 2 AVID S. 1515. 2101 TAMA CIRCLE \$101 NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY- ST- ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 dyanged, or on an appropriate with an address.

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