

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 20 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000096911 (7)**  
 1. Corporation Name  
**ISC GROUP, INC.**



Principal Place of Business <b>8001 NW 29TH STREET MIAMI FL 33122</b>	Mailing Address <b>8001 NW 29TH STREET MIAMI FL 33122</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>11/13/1997</b>	
4. FEI Number <b>65-0793863</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GONCALVES, MARCELO  
 8001 NW 29TH STREET  
 MIAMI FL 33122**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PTSD</b>	<input type="checkbox"/> DELETE
NAME	<b>GONCALVES, MARCELO</b>	
STREET ADDRESS	<b>8001 NW 29TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PTSD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>GONCALVES, ADRIANA</b>	
1.3 STREET ADDRESS	<b>6301 COLLINS AV. #1102</b>	
1.4 CITY-ST-ZIP	<b>MIAMI BEACH - FL - 33141</b>	
2.1 TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MARCELO GONCALVES</b>	
2.3 STREET ADDRESS	<b>8001 NW 29 ST - MIAMI FL - 33122</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>800002594128</b>	
6.3 STREET ADDRESS	<b>-07/21/98--01065--043</b>	
6.4 CITY-ST-ZIP	<b>***150.00</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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.

SIGNATURE: *M. Goncalves* 07-09-98 (305) 599-2366

CR2E034 (5/98)

# ISC Group

page 2

## INTERAMERICAN SYSTEMS GROUP

Miami July 9, 1998

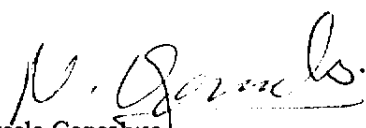
STATE OF FLORIDA  
DIVISION OF CORPORATION  
CORPORATE ANNUAL REPORT  
TALLAHASSEE, FLORIDA 32302

Gentlemen :

I am writing to your office as per my phone conversation dated the 9th. of July . My corporation ISC Group, Inc. never received the first notice on its 1998 Corporate Annual Report. I just recently got the second report which I am filling out as per your instruction and sending with this letter and the payment of \$150.00. I believe that through no fault of my own the original report was most likely lost in the mail and I see no reason why I should suffer monetary because of this.

Thank you for your time and understanding in this most pressing matter.

Respectfully,

  
Marcelo Goncalves  
President

Headquarters: ISC Corp. • 8267 N.W. 66th. • Miami, Fl 33166 • Central: (305) 599-2366 • Fax: (305) 592-1157

**Subsidiaries:**

**ISCargo**  
Interamerican Systems Cargo  
Miami, U.S.A.

**II Group**  
Interamerican Investment Group  
Panama, Panama

**II Group**  
Interamerican Investment Group  
Buenos Aires, Argentina

**Miami Free Zone**  
Santiago  
Chile

**Ben Pol Negocios**  
Cuenca y Guayaquil  
Ecuador