

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 08/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000000467

1. Corporation Name

INTERNATIONAL STUDENT SUPPORT SERVICES, INC.

Principal Place of Business

9760 S.W. 158TH ST.
MIAMI FL 33157

Mailing Address

9760 S.W. 158TH ST.
MIAMI FL 33157

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

FERNANDES, CARIL E ESQ.
430 ANDERSON CT.
ORLANDO FL 32801

3. Date Incorporated or Qualified

12/28/1998

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00, May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

84 City

FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DELETE

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DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DELETE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

99 SEP 16 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/16/99 90002 011 150.00
DO NOT WRITE IN THIS SPACE

CR2ED34 (5/99)

44000000467
615710

8/31/99

To: Division of Corporations Annual Reports Filings

From: International Student Support Services Inc.

Enclosed please find a check for \$150.00. Upon speaking with a representative from your office we were advised to pay \$150.00 instead of the \$550.00 since we did not receive the first notice.

Thank-you