

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90031 001 ***150.00

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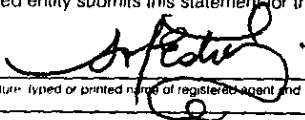
DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000017005		1. Entity Name <i>I.S.I.S. DISTRIBUTORS, INC.</i>	
Principal Place of Business <i>1620 S.W. 99 COURT MIAMI, FL. 33165.</i>		Mailing Address	
2. Principal Place of Business <i>7311 N.W. 12th Street,</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>8.</i>		Suite, Apt. #, etc.	
City & State <i>Miami, Fl.</i>		City & State	
Zip <i>33126</i>	Country <i>Dade</i>	Zip	Country
6. Name and Address of Current Registered Agent <i>Ruggieri Bellido 1620 S.W. 99 Court Miami, Fl. 33165</i>		7. Name and Address of New Registered Agent <i>Solemy Estrella 5524 N.W. 114 Avenue # 303 Miami, Fl.</i>	

4. FEI Number <i>65-0982182</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE



3/16/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$350.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<i>D</i>	<i>Ruggieri D. Bellido 1620 S.W. 99 Ct Miami, Fl. 33165</i>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
<i>DP</i>	<i>Jose A. Penaranda 7311 NW 12th St. # 8 Miami, Fl. 33126</i>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
<i>D7</i>	<i>Carlos Paredes 7311 NW 12th St. # 8 Miami, Fl. 33126.</i>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		

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 stated on this report or supplemental 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 11 or Block 12 if applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose A. Penaranda Presid. Director

Date

Daytime Phone #