

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90022 030 ***150.00

DOCUMENT # P99000017005

1. Entity Name
I.S.I.S. DISTRIBUTORS, INC.

Principal Place of Business Mailing Address
7311 N.W. 12TH STREET # 8 ~~1620 S.W. 99TH COURT~~
MIAMI FL 33126 ~~MIAMI FL 33185~~

2. Principal Place of Business 3. Mailing Address
7311 NW 12th Street **Same as 2**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite # 8

City & State City & State
Miami, Fl. 33126

Zip Country Zip Country

4. FEI Number **65-0982182** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESTRELLA, SOLEMMY
~~5524 N.W. 114 AVENUE 308~~ **xxxx 10116 NW 43 Terr**
~~MIAMI FL 33148~~ **xxxxxxxxxx Miami, Fl. 33178.**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	DELLIDO, RUGGIERI D
STREET ADDRESS	1620 S.W. 99TH COURT
CITY-ST-ZIP	MIAMI FL 33185
TITLE	D <input type="checkbox"/> Delete
NAME	PAREDES, CARLOS
STREET ADDRESS	1620 S.W. 99TH COURT 7311 NW 12th STREET
CITY-ST-ZIP	MIAMI FL 33185 # 8, MIAMI FL 33126
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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jose A. Penaranda
STREET ADDRESS	7311 NW 12th St. # 8
CITY-ST-ZIP	Miami, Fl. 33126
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 indicated 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jose A. Penaranda - Director** (305) 4774338
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)