


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

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Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V45476 (1) 1. Corporation Name C.I.S. INTERNATIONAL INC.			
Principal Place of Business 3734 W. CENTURY BLVD #6 INGLEWOOD CA 90303 US		Mailing Address 3734 W CENTURY BL #6 INGLEWOOD CA 90303-1108 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 06/23/1992		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-3135202		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent SAMARASINGHE, CHARITHA I 3800 UNIVERSITY BLVD S #35 #40 JACKSONVILLE FL 32216		10. Name and Address of New Registered Agent 81 Name SAMARASINGHE, CHARITHA-I. 82 Street Address (P.O. Box Number is Not Acceptable) 3800 UNIVERSITY BLVD. S. #35 83 84 City JACKSONVILLE FL 85 Zip Code 32216	
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 607.0805, Florida Statutes. SIGNATURE <i>Charitha I. Samarasinghe</i> DATE 4/4/97 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE NAME P SAMARASINGHE, CHARITHA STREET ADDRESS 3800 UNIVERSITY BLVD. S #35 CITY-ST-ZIP JACKSONVILLE FL 1.2 TITLE <input type="checkbox"/> DELETE NAME D WITTEWEERA, CAIUNDA STREET ADDRESS 3800 UNIVERSITY BLVD. SOUTH #35 CITY-ST-ZIP JACKSONVILLE FL 1.3 TITLE <input checked="" type="checkbox"/> DELETE NAME D RANDENIYA, MEUAN STREET ADDRESS 3135 WEST 181 ST. CITY-ST-ZIP TORRANCE CA 90504 1.4 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 1.5 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 1.6 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 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 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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 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: <i>Charitha I. Samarasinghe</i> DATE 4/4/97 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>			

CR2E034 (9/96)