

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

FILED

**Apr 27 1998 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000041898 (3)

1. Corporation Name
I.F. - INTERNATIONAL CONSULTANT, INC.



Principal Place of Business
**12000 BISCAYNE BLVD.
SUITE 304
NORTH MIAMI FL 33181
US**

Mailing Address
~~**12000 BISCAYNE BLVD.
SUITE 304
NORTH MIAMI FL 33181
US**~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21

2a. Mailing Address
**26 10,295 COLLINS AVENUE
Suite, Apt. #, etc.
1503 - N -
City & State
28 BALL HARBOUR, FLORIDA
Zip Country
29 33154 30 USA**

3. Date Incorporated or Qualified
05/15/1996

4. FEI Number
65-0684234

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**FABREGAS, ISMAEL JR
12000 BISCAYNE BLVD. → 10,295 COLLINS AVE
#304 # 1503 - N -
NORTH MIAMI FL 33181 BALL HARBOUR, FL
33154**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABREGAS, ISMAEL JR	1.2 NAME	ONLY ADDRESS CHANGED
STREET ADDRESS	12000 BISCAYNE BLVD. #304	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33181	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	SAME
STREET ADDRESS		2.3 STREET ADDRESS	10,295 COLLINS AVENUE #1503N
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BALL HARBOUR, FL, 33154
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	HW 4/27/98
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	700002502280
STREET ADDRESS		6.3 STREET ADDRESS	-04/28/98--01021--029
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

14. 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 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: *[Handwritten Signature]*

CF2E034 (10/97)