

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PH 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V44495** (2)
1. Corporation Name
THE INFOTECH CONSULTING GROUP, INC.

Principal Place of Business
**850 N.W. 122ND AVENUE
MIAMI FL 33182
US**

Mailing Address
**850 N.W. 61ST AVENUE
MIAMI FL 33144
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/17/1992

3a. Date of Last Report
04/18/1994

4. FEI Number
65-0342367

Applied For
☐ Applied For
☒ Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

29 Zip

30 City

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARCIA, CARLOS M
230 S.W. 61ST AVENUE
MIAMI FL 33144**

81 Name **GARCIA, CARLOS M.**
82 Street Address (P.O. Box Number is Not Acceptable)
850 N.W. 122ND AVENUE
83
84 City **MIAMI** FL **33182**

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

Carlos M. Garcia

(NOTE: Registered Agent signature required when resigning)

4/25/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **GARCIA, CARLOS M**
STREET ADDRESS **230 S.W. 61ST AVENUE**
CITY, ST, ZIP **MIAMI FL**

11 TITLE **P**
12 NAME **GARCIA, CARLOS M**
13 STREET ADDRESS **850 NW 122ND AVENUE**
14 CITY, ST, ZIP **MIAMI, FL 33182**

TITLE **SVP**
NAME **WILLIAMS, PRESTON B**
STREET ADDRESS **1431 S.W. 97TH AVENUE**
CITY, ST, ZIP **PEMBROKE PINES FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature