PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P9600065140

SERVICES INSTALL SYSTEMS CONSULTING INC.

· ····o.par · ·acc o. accimicato	,
275 NW FONTAINEBLEAU BLVD	#13
5 0 5 1 0 5 1 0 5 1 TO	

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90012 048 ***150.00



Principal Place of Business Mailing Address			(1881/861) 16 16114 drive delle serie serie serie serie eren eren eren eren eren eren eren				
		275 NW FONTAINEBLEAU BLV MIAMI FL 33172	275 NW FONTAINEBLEAU BLVD #130 MIAMI FL 33172		DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed	Q. N.O.L	
					07/31/1996		
a Deinstein al Ci		2a. Mailing Address			4. FEI Number	Δr	oplied For
—i	ace of Business	<u> </u>				<u> </u>	ot Applicable
21	# -4-	Suite, Apt. #, etc.			65-6181011		Additional
Suite, Apt.	#, etc.	⊢			5. Certifcate of Status Desired		equired
22		City & State			Fl. II. O Financiae		May Be
City & State	3	⊢ , ′			6. Election Campaign Financing Trust Fund Contribution	•	to Fees
23 Zin	Country	Zip	Country	,	8. This corporation owes the current year Int		
Zip			¬ `		Personal Property Tax.	∐ Yes	□No
24	25 9. Name and Address of Curren		<u>'l</u>		10. Name and Address of New Registered		
	9. Name and Address of Curren	it Kegistered Agent	81	Name	10. Numb und August	<u> </u>	
R∩M	EU, ALFONSO						
	NW FONTAINEBLEAU BLVD #13	tn	82	Street /	Address (P.O. Box Number is Not Acceptable)		
	AI FL 33172		83				 [
MHVI	MIL 33172	_	63				į
		, 1	84	,	FL	_	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 697.1508, Florida Statutes,	the above	e-named	corporation submits this statement for the purpose of	changing its	registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth flons of, Section 607.0505, Florida	orized by a Statutes	the corpo	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoint	ntment as re	gisterea
SIGNATURE	UN	<u> </u>		,			
	Signature, typed or printed name of registered ager	· · · · · · · · · · · · · · · · · · ·		nt signature r	required when reinstating) DATE	ID DIDECTO	DDC IN 42
12.		ID DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AF	Change	XX Addition
TITLE	PD	DELETE	1.1 TITLE		CARLOS PAN	cricingo	
NAME	GARCIA, CARLOS		1.2 NAME				
STREET ADDRESS	275 NW FONTAINEBLEAU BLV	D #130	1.3 STREE	TADORESS	275 NV FONTAINMEBLEAU BLVD # 130		
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-S	T-ZIP	MIAMI FLORIDA 33172	Change	XX Addition
TITLE		☐ DELETE	2.1 TITLE		SD	- Criainge	AM Addition
NAME		g ^A r .	2.2 NAME		JULIO CARBONELL 275 NN Fontainebleau Blvd # 130		
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP		a a	2.4 CITY-5	ST-ZIP	MIANI FLORIDA 33178		
TITLE		☐ DELEȚE	3.1 TITLE			Change	Addition
NAME		•	3.2 NAME		·		
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-71P			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
			5.4 CITY- S				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition
TITLE	·	4	6.2 NAME				_
NAME				T ADDRESS			
STREET ADDRESS			3.0 OHALL				

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 supplied ental 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 of the receiver or trusted 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 or an attactionent with an address, with all other like empowered.

SIGNATURE:

3052258066