Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

**☑** Yes

Not Applicable

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 272724

1. Corporation Name

INDUSTRIAL CONSULTANTS INTERNATIONAL, INC.

Country

25

Prir	ıcipal	Place	of	Business
n ^	DOV	FFOOF		

2. Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

P.O. BOX 558856 MIAMI FL 33255

Suite, Apt. #, etc.

City & State

21

22

23

Zip

P.O. BOX 558856 MIAMI FL 33255

## **FILED** Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90017 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

08/14/1963

59-1114806

4. FEI Number

NAME   ARCA, CAMILO A.   22 NAME	Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
782 NW LE JEUNE ROAD, SUITE #447 MIAMI FL 33126  82 Street Address (P.O. Box Number is Not Acceptable)  83 Ba	GON	MEZ, RAMON		Ĺ							
T1. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fibrids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florids. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes.  SIGNATURE  T12. OFFICERS AND DIRECTORS 133. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILE  ARCA, MANUEL P. 12 NAME  STREET ADDRESS 1.1 STREET ADD				2 5	Street Add	ress (P.O. Box Number i	is Not Acceptable)	ĺ			
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 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.    12.	MIAMI FL 33126			3		11-7-2			13483 48		
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 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 to an familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, hyperior grained rame of registered agent and site if applicable.  (NOTE Registered Agent signature required signat				1 6		1174					
online or registered agent, or both, in the State of Honda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statute.    Signature   Signature. Speed or premied name of registered agent and this if applicable.   (NOTE Registered Agent Signature required when reinstating).   DATE			6	ר ויי	-ity		F	1 85 Zip	Code		
SIGNATURE    Control of the control	office or r	egistered agent, or both, in the State of Florida. Such change was auti	horized b	v the	amed corporati	ooration submits this state on's board of directors. I	ement for the purpose hereby accept the ap	of changing its	registered		
Signature, hyped or primeter rame of nigolatered appoint and table it appoints and table in title it in title.    P	agent. I a	m familiar with, and accept the obligations of, Section 607.0505, Florid	la Statute	<b>9</b> 5.				·   ·	•		
12.	SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTF: Re	egistered Ag	ent sig	wature requir	ed when reinstation)	DATE				
TITLE	12,			ork big	riatoro i oquii.			AND DIRECTO	DRS IN 12		
NAME ARCA, MANUEL P STREET ADDRESS G355 SW 48TH ST CITY-ST-ZP MIAMI FL  TITLE VT	TITLE	P DELETE					TOTO TO OFFICE RO				
MIAMI FL	NAME	ARCA, MANUEL P		1.2 NAME				"	7		
TITLE	STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		1.3 STREET ADDRESS			**				
NAME ARCA, CAMILO A.  STREET ADDRESS CITY-ST-ZIP MIAMI FL  S DELETE 3.1 TITLE ARCA, MANUEL E. STREET ADDRESS CITY-ST-ZIP MIAMI FL  GLANGE STREET ADDRESS CITY-ST-ZIP MIAMI FL  GLANGE ARCA, MANUEL E. STREET ADDRESS CITY-ST-ZIP MIAMI FL  GLANGE ARCA, FERNANDO A. STREET ADDRESS GOSS SW 34 ST MIAMI FL  GLANGE STREET ADDRESS CITY-ST-ZIP MIAMI FL  GLANGE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	MIAMI FL	1.4 CITY-1	ST-ZIF	• Ì	•			i		
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CITY_ST_ZIP	NAME	ARCA, CAMILO A.	2.2 NAME					İ	:		
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A CITY-ST-ZIP	NAME	ARCA, FERNANDO A.	4. 2 NAME	•				.			
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CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME										
	STREET ADDRESS	••			- {						
	CITY-ST-ZIP										

Country

30

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, with all other like empowered.

SIGNATURE: