

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90298 008 \*\*\*150.00

DOCUMENT # F97000002823

1. Corporation Name

INTEGRATED COMMUNICATION SYSTEMS, INC.



Principal Place of Business

2121 PONCE DE LEON BOULEVARD  
SUITE 1000  
CORAL GABLES FL 33131

Mailing Address

2121 PONCE DE LEON BOULEVARD  
SUITE 1000  
CORAL GABLES FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1997

4. FEI Number

52-2027662

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4995 N.W. 72Ave.

2a. Mailing Address

26 4995 N.W. 72Ave.

Suite, Apt. #, etc.

22 407

Suite, Apt. #, etc.

27 407

City & State

23 MIAMI, FL.

City & State

28 MIAMI, FL.

Zip

24 33166

Country

25 U.S.A.

Zip

29 33166

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST  
NAME GONZALEZ, ROLANDO  
STREET ADDRESS 1922 SW 3RD ST  
CITY-STATE-ZIP MIAMI FL 33135 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☒ Addition  
1.2 NAME ENRIQUE LINDNER  
1.3 STREET ADDRESS 1050 S.W. 65 Ave.  
1.4 CITY-STATE-ZIP MIAMI, FL. 33144

2.1 TITLE DVP ☐ Change ☒ Addition  
2.2 NAME ROLANDO GONZALEZ  
2.3 STREET ADDRESS 1922 S.W. 3ST.  
2.4 CITY-STATE-ZIP MIAMI, FL. 33135

3.1 TITLE DVP ☐ Change ☒ Addition  
3.2 NAME ROBERT FINKE  
3.3 STREET ADDRESS OLDSMAR, FL. 34677  
3.4 CITY-STATE-ZIP 369 LOCAS LANE

4.1 TITLE DST ☐ Change ☒ Addition  
4.2 NAME HAROLDO HERNANDEZ  
4.3 STREET ADDRESS 7270 S.W. 22 ST.  
4.4 CITY-STATE-ZIP MIAMI, FL. 33155

5.1 TITLE DVP ☐ Change ☒ Addition  
5.2 NAME CRAIG VOGEL  
5.3 STREET ADDRESS 31 RANCHO DR. NORTH  
5.4 CITY-STATE-ZIP KELLER, TX 76248

6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME MARIO LAMAR Esq.  
6.3 STREET ADDRESS 3971 S.W. 8 St. Ste.#305  
6.4 CITY-STATE-ZIP MIAMI, FL. 33134

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, with all other like empowered.

SIGNATURE: *Haroldo Hernandez* DIRECTOR, SECTY. TRESS. 1-07-99 (305) 436-8058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)