## 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

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

04-30-1999 90004 029 \*\*\*150.00

## DOCUMENT # G97853

1. Corporation Name

INTERNATIONAL CORPORATE SERVICES, INC.

Principal Place of Business Mailing Address						ם נפופו ופספו ווופו סופם ווונקסו ו	ע וועום וווו פפווי	ibli bibli bibli	91011 91011 1601	
1320 SOUTH DIXIE HIGHWAY SUITE 1045 CORAL GABLES FL 33146 US  1320 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146 US				1045		DO NOT WRITE IN THIS SPACE				
						<ol><li>Date Incorporated or Qualifed 04/06/1984</li></ol>				
2. Principal Place of Business 2a. Mailing Address 25						4. FEI Number 59-2409589	•		oplied For ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired		\$8.75	Additional equired	
	City & State City & State					Election Campaign Financing     Trust Fund Contribution			May Be to Fees	
Zip	Zip Country Zip			гу		. This corporation owes the current year Intangiale Personal Property Tax. Yes □No				
	9. Name and Address of Curre		<u>,                                    </u>			10. Name and Address of New	Registered /	Agent		
CARLSON, ROD 1320 SOUTH DIXIE HIGHWAY SUITE 1045 CORAL GABLES FL 33146			8	1 Nam	ne					
			8	2 Stre	et Address	Address (P.O. Box Number is Not Acceptable)				
			8	3				وارق	·	
			8	4 City			FL	85 Zip	Code	
l office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such change was au	uthorized b	y the co	ed corpora rporation's	ation submits this statement for the s board of directors. I hereby acce	purpose of pt the appoin	changing its itment as re	registered gistered	
Signature, typed or printed name of registered agent and title if applicable. (NOTE:				jent signatu	ire required wh	hen reinstating)	DATE			
12.	<del></del>	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	DP	☐ DELETE	1.1 TITLE		[			Change	_ Addition	
NAME STREET ADDRESS	RADOSEVICH, MARK G. 1320 SOUTH DIXIE HIGHWAY	SUITE 1045	1.2 NAM	E · ET ADDRES	22	· i		, , , , , , , , , , , , , , , , , , ,	j.	
CITY-ST-ZIP	CORAL GABLES FL-33146-		-1.4 CITY			and the same of th			1	
TITLE	V	☐ DELETE	2.1 TITLE		+-			Change	☐ Addition	
NAME	CARLSON, ROD		2.2 NAM					1 1 1	٠,.	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY SUITE 1045			2.3 STREET ADDRESS			•		·	
CITY-ST-ZIP	CORAL GABLES FL 33146		2.4 CITY-ST-ZIP							
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CITY-ST-ZIP		·	4.4 CITY-ST-ZI		Д_					
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CITY+ST-ZIP		☐ DELETE	5.4 C/TY 6.1 TITLE		+-			Change	[**] Addition	
TITLE	l .		Q. I INILE		1					

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 organ attachment with an address with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS