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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K19083 (0)

1. Corporation Name
INTER-AMERICAN CONSULTING GROUP, INC.



Principal Place of Business

OTERO, MULLIN + TOMLIN, PA
75 VALENCIA AVENUE, SUITE 400
CORAL GABLES FL 33134
US

Mailing Address

OTERO, MULLIN + TOMLIN PA
75 VALENCIA AVENUE, SUITE 400
CORAL GABLES FL 33134-6132
US

3. Date Incorporated or Qualified
03/21/1988

3a. Date of Last Report
03/28/1996

2. Principal Place of Business

21 % T.J. MULLIN

Suite, Apt. #, etc.

22 2655 LeJeune Rd., PH-2

City & State

23 Coral Gables

Zip

24 33134

Country

25 Dade

2a. Mailing Address

26 Same as 2

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0047705

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

9. Name and Address of Current Registered Agent

OTERO, MULLIN + TOMLIN P
75 VALENCIA AVENUE
SUITE 400
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name TERRANCE J. MULLIN

82 Street Address (P.O. Box Number is Not Acceptable)

2655 LeJeune Rd., PH-2

83

84 City Coral Gables

FL

85 Zip Code 33134

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

1-7-97

12. OFFICERS AND DIRECTORS

TITLE DPS
NAME ARBOLEDA, RODRIGO
STREET ADDRESS 75 VALENCIA AVE, 4TH FLR
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE DVP
NAME ARBOLEDA, CECILIA
STREET ADDRESS 75 VALENCIA AVE, 4TH FLR
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE DVP
NAME ARBOLEDA, PEDRO MIGUEL
STREET ADDRESS 75 VALENCIA AVE, 4TH FLR
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS % T.J. MULLIN, 2655 LeJeune Rd., PH2

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS % T.J. MULLIN, 2655 LeJeune Rd., PH2

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RODRIGO ARBOLEDA

Jan 18/97

305 381-8844

CR2E034 (9/96)