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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000021264 (5)

INTERNATIONAL INDUSTRIAL CONSULTING CORPORATION Principal Place of Business Mailing Address 1571 NW 93 AVE 1571 NW 83 AVE MIAMI FL 33172 MIAMI FL 33172 DO NOT WRITE IN THIS SPACE US US 3. Date Incorporated or Qualified 03/18/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0397666 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Stalus Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **ESPINOSA. ANA LUCTA** ERIC N. RIUS-BURGOS 2721 SW 71 TERR 82 Street Address (P.O. Box Number is Not Acceptable) 708 83 **DAVIE FL 33314** 18710 5.W. 122 AVE City 84 Zip Code 33/77 ו מו פו נמ 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 alignature required when reinstating) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1 1 TITLE RODAS RODA, VALENTINA NAME 12 NAME **SANCHO DE ESCOBAR 255** STREET ADDRESS 1.3 STREET ADDRESS **QUITO EC** 1170 m CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE 2.1 T(T) F esidem RODA, KERNAN ZACO NAME 2.2 NAME casilla **CASILLA 310** STREET ADDRESS 2.3 STREET ADDRESS **EUENCA EC** ECUADOR CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 2IP DELETE Change Addition TITLE 4.1 TOUR NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 6 1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 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 convertion or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an anity-thment with an address.

SIGNATURE:

01/23/98 (305)994.7818

FILED

Jan 30 1998 8:00am

Secretary of State

CR2E034