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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000011991**1. Corporation Name

I.C.S. SERVICE OF MIAMI FLORIDA CORP.

Principal Plac	ce of Business	Mail	ling Address					1	3	*,
7120 NW 72 A		-	NW 72 AVE	•					(No. 10 €a 1	* * *
MIAMI FL 3316 US	×6	MIAN US	AI FL 33166					DO NOT WRITE II	N THIS SPACE	
	•	,					3.	Date Incorporated or Qualifed		
	:							02/09/1994		
2. Principal P	Place of Business	2a. !	Mailing Address				4.	FEI Number		Applied For
21	·	26					_	65-0467100		Not Applicable
—	. #, etc.	- -	Suite, Apt. #, etc.				5.	Certifcate of Status Desired		Additional Required
22		27	City & State				+-			
City & Stat	te	├ ~¬	City & State				6.	Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip	Country	28	Žin	Coun	ntrv		+	This corporation owes the current y		4.01.003
⊢ '	25	29	-ip	30	,		6.	Personal Property Tax.	Yes	□No
24	9. Name and Address of Curre		red Agent	1301			10.	Name and Address of New Regis	stered Agent	
	T THINK				81	Name				
	VTANA, JOSE	8 (A1999)		1	82	Chaot Addro	/E	P.O. Box Number is Not Acceptable)	* .	
±∛-∂108!	5 NW 128 CT	a utar		[02	Street Addre	95S (P	O. Box Number is Not Acceptable)	tara da	e senski en e isile
MIA	MI FL 33182			ļ.	83		•			12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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				[84	City		$f_{ij} = f_{ij} + f_{ij} = f_{ij}$	FL 85 Z	h code
🌃 agent la	t to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	ations of, S	Section 607.0505, Flo	orida Statui	toc					
SIGNATURE	Signature, typed or printed name of registered ag	•	•			ignature required			DATE	· · · · · · · · · · · · · · · · · · ·
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14. I hereby certify that the information supplies 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 supplier ental 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 or my attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90033 004 ***150.00

CR2E034 (11/98)