**FILED** 

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90080 008 \*\*\*158.75

## 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

## DOCUMENT # P9400030014

INTERNA	itional professional co	)NSULTANTS, INC.		·						
Principal Place of Business         Mailing Address           8500 SW 92ND ST         8500 SW 92ND ST           SUITE 102         SUITE 102           MIAMI FL 33156         MIAMI FL 33156           US         US						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 04/20/1994				
2. Principal Place of Business 21. Mailing Address P.O.Box 83			30245			4. FEI Number 65-0516780		<u> </u>	plied For t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	X	<b>\$8.75</b> A Fee Re		
	City & State City & State MIAMI			FL		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to	•	
Zip 24	Zip Country Zip Country 25 33283 30 30			<i>'</i>		This corporation owes the curre     Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Registered Agent	1			10. Name and Address of New F	Registered	Agent	<u> </u>	
				Name	•					
NIETO, CESAR C				Street	t Addre	ss (P.O. Box Number is Not Accepta	ble)			
11938 S.W. 75TH ST.										
MIAN	#I FL 33183		83	1				•		
			84	City			FL	85 Zip C	Code -	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	f Florida. Such change was authoriz	ed by	the cor	d corpo poration	ration submits this statement for the is board of directors. I hereby accept	purpose of ot the appoi	changing its ntment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Register	ed Age	nt signature	required	when reinstating)	DATE		<u> </u>	
12.	OFFICERS AND		3.			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12	
TITLE	PVST	☐ DELETE 1.1	TITLE		$\top$			☐ Change	☐ Addition	
NAME	NIETO, CESAR C	1.2	NAME							
STREET ADDRESS	11938 S.W. 75TH ST.	1.3	STREE	T ADDRESS	s					
CITY-ST-ZIP	MIAMI FL 33183			ST-ZIP						
TITLE	V		TITLE					Change	Addition	
NAME	NIETO, ANTONIO	22	NAME			n .			Į.	
STREET ADDRESS	11898 S.W. 75 ST.	. 23	STREE	T ADDRESS	s	!				
CITY-ST-ZIP	MIAMI FL 33183		CITY-			and the second s		24,21,2	* -	
TITLE			TITLE					Change	Addition	
NAME		3.2	NAME							
STREET ADDRESS		3.3	STREE	T ADDRESS	s				Ì	
CITY-ST-ZIP			. CITY-:							
TITLE			TITLE	<u> </u>	<del>                                     </del>		_,	Change	☐ Addition	
NAME		4.1	NAME							
STREET ADDRESS				T ADDRESS	s .		•		ļ	
CITY-ST-ZIP			CITY-S							
TITLE			TITLE		$\top$			☐ Change	☐ Addition	
NAME			NAME			: •			ţ	
STREET ADDRESS		5.3	STREE	T ADDRES	s					
			CITY-S							
CITY-ST-ZIP			TITLE		1			Change	Addition	

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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CESARSIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CESAR-C. NIETO

6.3 STREET ADDRESS

02-08-99

(305) 5.95-3177