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FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000018849 (6)

1. Corporation Name

ITP CONSULTING, INC.



Principal Place of Business

Mailing Address

C/O 101 MADEIRA AVENUE  
CORAL GABLES FL 33134

C/O 101 MADEIRA AVENUE  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1995

4. FEI Number

65-0568708

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1047 Deerpath Ct

26 1047 Deerpath Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Weston FL

28 Weston FL

Zip

Zip

Country

Country

24 33326

29 33326

25 USA

30 USA

9. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA  
101 MADEIRA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

CARLOS ANGULO

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

1047 DEERPATH CT

83

84 City

WESTON

FL

85 Zip Code

33326

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

CARLOS ANGULO

March 6, 1998

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD  
NAME ANGULO, CARLOS  
STREET ADDRESS 101 MADEIRA AVE.  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

SD  
NAME MIJARES, JUAN  
STREET ADDRESS 101 MADEIRA AVE.  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

TD  
NAME GENOVA, MIGUEL  
STREET ADDRESS 101 MADEIRA AVE.  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1047 DEERPATH CT  
WESTON FL 33326

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1047 DEERPATH CT  
WESTON FL 33326

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1047 DEERPATH CT  
WESTON FL 33326

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

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 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.

SIGNATURE OF AGENT

*Carlos Angulo*

Feb 27 1998

954-3498439

CR2E034 (10/97)