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**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90115 004 \*\*\*158.75

U-301 880

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P95000019948

1. Corporation Name  
**INTERNATIONAL PROGRAMMERS AND CONSULTANTS, INC.**



Principal Place of Business  
 16609 NW 71 AVENUE  
 MIAMI FL 33014

Mailing Address  
 16609 NW 71 AVENUE  
 MIAMI FL 33014

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
**03/13/1995**

4. FEI Number  
**65-0564342**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

9. Name and Address of Current Registered Agent

**DE RAMON, GONZALO**  
**16609 NW 71 AVENUE**  
**MIAMI FL 33014**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	DE RAMON, GONZALO	
STREET ADDRESS	16609 NW 71 AVENUE	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MATOS, FRANK	
STREET ADDRESS	16609 NW 71 AVE	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SARIOL, MARIO A	
STREET ADDRESS	16609 NW 71 AVE	
CITY-ST-ZIP	MAIMI FL 33014	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: G. SARIOL SIGNATURE REQUIRED 1/13/99 (305) 740-8191  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)