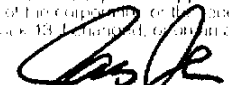


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000038897 (1)			
1. Corporation Name ITECH CONSULTING, INC.		Principal Place of Business 1865 BRICKELL AVE. A-2112 MIAMI FL 33129 US	
2. Principal Place of Business 21. Street, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 1865 BRICKELL AVE. A-2112 MIAMI FL 33129-1806 US	
3. Date Incorporated or Qualified 05/15/1995		3a. Date of Last Report 03/19/1996	
4. FEI Number 65-0584452		Applied For Not Applicable	
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 has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent BLANCO, CARLOS A 1865 BRICKELL AVE. A-2112 MIAMI FL 33129		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 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, 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 obligation of, Section 607.0505, Florida Statutes.			
SIGNATURE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 1.5 CITY 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY - ST - ZIP 1.9 CITY 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY - ST - ZIP 1.13 CITY 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY - ST - ZIP 1.17 CITY 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY - ST - ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 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 declare by certifying 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 included 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 an authorized officer, director, officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in book 12 or Book 13, if changed, as an attachment with an address.			
SIGNATURE: 		3/19/97 305-854-7018	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)