

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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90057 008 \*\*\*158.75

DOCUMENT # P95000080641

1. Corporation Name

IWCC INTERNATIONAL WEB SITE CONSTRUCTION CO.



Principal Place of Business

156 ALMERIA AVE  
SUITE 203  
CORAL GABLES FL 33134  
US

Mailing Address

151 MAJOREA AVE  
SUITE-C  
CORAL GABLES FL 33134  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1995

4. FEI Number

65-0622689

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 6595 NW. 36 Street.

Suite, Apt. #, etc.

22 Suite 213

City & State

23 Miami, FL

Zip

24 33166

Country

25 USA

2a. Mailing Address

26 2121 Ponce de Leon Blvd.

Suite, Apt. #, etc.

27 Suite 240

City & State

28 Coral Gables, FL

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

PRATS, GABRIEL  
51 MAJOREA AVE SUITE C  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

GABRIEL PRATS

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

2121 Ponce de Leon Blvd.

83

Suite 240

84 City

Coral Gables

85

Zip Code

33134

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

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 D ☐ DELETE

NAME GRINFEDER, GILLES K  
STREET ADDRESS 156 ALMERIA AVE #203  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DPST ☐ DELETE

NAME GORDO, JOSE A DA SILV  
STREET ADDRESS 156 ALMERIA AVE #203  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE

NAME GORENSTEIN, MARION  
STREET ADDRESS 156 ALMERIA AVE #203  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPSTC ☐ Change ☐ Addition

1.2 NAME GORDO, JOSE A. DA SILVA  
1.3 STREET ADDRESS 6595 NW. 36 Street, #213  
1.4 CITY-ST-ZIP Miami, FL 33166

2.1 TITLE D ☐ Change ☐ Addition

2.2 NAME GRINFEDER, GILLES  
2.3 STREET ADDRESS 6595 NW. 36 Street, #213  
2.4 CITY-ST-ZIP Miami, FL 33166

3.1 TITLE D ☐ Change ☐ Addition

3.2 NAME GORENSTEIN, MARION  
3.3 STREET ADDRESS 6595 NW. 36 Street, #213  
3.4 CITY-ST-ZIP Miami, FL 33166

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *Marion Gorenstein* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0200061