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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000010372**

1. Corporation Name

IV SOLUTIONS INC

1.4. 000	0110110, 1110.			
Principal Place	e of Business	Mailing Address		
391 ARAGON		391 ARAGON		
SUITE 101 SUITE 101				DO NOT WINTE IN THIS CRACE
CORAL GABLES FL 33134 CORAL GABLES FL 33134				DO NOT WRITE IN THIS SPACE
				3. Date incorporated or Qualifed 02/01/1996
2. Principal P	lace of Business	2a. Mailing Address -		-4. FEI Number - Applied For
21	,	26		65-0637907 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax Yes No
24	25	29 36	<u> </u>	Personal Property Tax. 10. Name and Address of New Registered Agent
 	9. Name and Address of Current	Kegistered Agent	81 Name	10. Malite sun Worless of Mea Kealistaten Warm
CABRERA RAUL Q			Eliz	zabeth Pascual
4201 S.W. 11TH STREET				Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33134			83 0	, Aragon Avenue
MIAMI FL 33134			l°' Su	te # 100
			84 City	50 (50) 25 FI 85 Zip Code /1
				CALCIGNIES IL SOLOH
11. Pursuant to the provisions of Sections 667,0502 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 empliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature re	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TΠ LE	☐ Change ☐ Addition
NAME	Pascual, Elizabeth		1.2 NAME	•
STREET ADDRESS	391 ARAGON, STE 201		1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	Change C Addition
TILLE.	S	☐ DELETE	2.1 TITLE	Change Addition
NAME	CALDERON, ISABEL	مان يوادي شينيسي ال يان الم	;2.2 NAME	المعالم المستحدد المستحدد المستحدد
STREET ADDRESS	391 ARAGON, STE 101	•	2.3 STREET ADDRESS	· ·
CITY-ST-ZIP	CORAL GABLES FL 33134		2. 4 CITY-ST-ZIP	Change Addition
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS		,	3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY+ST+ZIP	☐ Change ☐ Addition
TITLE	,	- DELETE	4.1 TITLE	Change Addition
NAME	,		4. 2 NAME	
STREET ADDRESS	}		4.3 STREET ADDRESS	·
CITY-ST-ZIP 3	, , , , , , , , , , , , , , , , , , , ,		4.4 CITY-ST-ZIP	Change Addition
TITLE		☐ DELETE	5.1 TITLE	Criange _ Диопион
NAME			5.2 NAME	;
STREET ADDRESS			5.3 STREET ADDRESS	·
CITY-ST-ZIP '	1 **	- Decree	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
TITLE		☐ DELETE	6.2 NAME	C Strange C Assistan
NAME			6.2 NAME 6.3 STREET ADDRESS	
I OTOCCT ADOCCCO	a		= u a a ince i AUUREão :	•

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 truetge emplowered 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:

CITY+ST-ZIP

ER OR DIRECTOR