## 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

## DOCUMENT # P96000013814

1. Corporation Name

INTERNATIONAL FINANCIAL CONSULTING GROUP, INC.

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90117 015 \*\*\*150.00



|   |  |                                       |               |        |                                 | i šedijilišų tim ilėjio biliti nelili odi                                     | lië Baitl Aneni li           |                            |                 |
|---|--|---------------------------------------|---------------|--------|---------------------------------|---|------------------------------|----------------------------|-----------------|
| Principal Place of Business Mailing Address |  |                                       |               |        |                                 |   |                              | -                          |                 |
| 8600 S.W. 81ST<br>MIAMI FL 33186            |  | 8600 S.W. 81ST LANE<br>MIAMI FL 33186 |               |        | DO NOT WRIT                     | E IN THIS   | SPACE                        |                            |                 |
|   |  |                                       |               |        |                                 | 3. Date Incorporated or Qualifed . 02/14/1996                                 |                              | ,                          |                 |
| 2. Principal Pl                             | ace of Business  | 2a. Mailing Address                   |               |        |                                 | 4. FEI Number   |                              | AF                         | plied For       |
| 21  |  | 26                                    |               |        |                                 | 65-0659585  |                              | NC                         | ot Applicable = |
| Suite, Apt.                                 | #, etc.  | Suite, Apt. #, etc.                   |               |        | _                               | 5. Certifcate of Status Desired   |                              | \$8.75                     | Additional      |
| 22  |  | 27                                    |               |        |                                 | 5. Certificate of Status Desired  |                              | Fee Re                     | equired         |
| City & State                                |  | City & State                          |               |        |                                 | 6. Election Campaign Financing  |                              | \$5.00                     | May Be          |
| 23  |  |                                       |               |        |                                 | Trust Fund Contribution   | <u> </u>                     | Added                      | to Fees         |
| Zip   | Country  | Zip                                   | Count         | ry     |                                 | 8. This corporation owes the curre  |                              |                            | _               |
| 24  | 25   | 29                                    | 30            |        |                                 | Personal Property Tax.  | ,                            | Yes                        | □No             |
|   | 9. Name and Address of Curren  | t Registered Agent                    |               | _      |                                 | 10. Name and Address of New R   | egistered A                  | .gent                      |                 |
|   |  |                                       | 8             | 1      | Name                            |   |                              |                            | 1               |
| PADIAL, JOSE I                              |  |                                       |               | 2      | Street Addres                   | ss (P.O. Box Number is Not Accepta  | ble)                         |                            |                 |
| 999 PONCE DE LEON BLVD.                     |  |                                       |               | 1      |                                 |   |                              | ·                          |                 |
| #715  |  |                                       |               | 3      |                                 |   |                              |                            |                 |
| CORAL GABLES FL 33134                       |  |                                       | Ä             | 4      | City                            |   |                              | 85 Zip                     | Code            |
|   |  |                                       |               |        |                                 |   | FL                           | -   ·                      |                 |
| office or fi                                | to the provisions of Sections 607.050<br>egistered agent, or both, in the State<br>m familiar with, and accept the obligat | nt Florida. Such change was auf       | inorizea b    | IV U   | -named corpor<br>he corporation | ation submits this statement for the<br>'s board of directors. I hereby accep | purpose of o<br>t.the.appoin | manging its<br>tment as re | registered      |
| SIGNATURE                                   | Signature, typed or printed name of registered ager  | t and title if applicable. (NOTE: F   | Registered Ag | jent : | signature required v            | when reinstating)   | DATE                         |                            |                 |
| 12.   |  | D DIRECTORS                           | 13.           |        |                                 | ADDITIONS/CHANGES TO OF   | FICERS AN                    | DIRECTO                    |                 |
| TITLE                                       | D  | ☐ DELETE                              | 1.1 TITLE     |        |                                 | . :   |                              | Change                     | ☐ Addition      |
| NAME  | FIGUEROA, CARLOS A   |                                       | 1.2 NAME      | Ξ      |                                 |   | -                            |                            | ł               |
| STREET ADDRESS                              | 8600 S.W. 81ST LANE  |                                       | 1.3 STRE      | ET A   | ADDRESS                         |   |                              |                            | i               |
| CITY-ST-ZIP                                 | MIAMI FL 33186   |                                       | 1.4 CITY      | -st-   | -ZIP                            |   |                              |                            |                 |
| TITLE                                       |  | ☐ DELETE                              | 2.1 TITLE     |        |                                 |   |                              | Change                     | Addition        |
| NAME  |  |                                       | 2.2 NAME      | E      |                                 |   |                              |                            |                 |
| -STREET ADDRESS                             |  |                                       |               | ET A   | ADDRESS                         | <del></del>   |                              | <del></del> -              |                 |
| CITY-ST-ZIP                                 |  |                                       | 2.4 CITY      | -ST    | - ZIP                           |   |                              |                            |                 |
| TITLE                                       |  | ☐ DELETE                              | 3.1 TITLE     |        | 1                               |   |                              | ☐ Change                   | ☐ Addition      |
| NAME  |  |                                       | 3.2 NAME      | E      |                                 |   |                              | •.                         |                 |
| STREET ADDRESS                              |  |                                       | 3.3 STRE      | ET /   | ADDRESS                         |   |                              | -                          |                 |
| CITY-ST-ZIP                                 |  |                                       | 3.4. CITY     | -ST    | - ZIP                           |   |                              | , <u> </u>                 |                 |
| TITLE                                       |  | ☐ DELETE                              | 4.1 TITLE     |        |                                 |   |                              | Change                     | ☐ Addition      |
| NAME  |  |                                       | 4.2 NAM       | Œ      |                                 |   |                              |                            | ļ               |
| STREET ADDRESS                              |  |                                       | 4.3 STRE      | ET/    | ADDRESS                         |   |                              | ٠.                         | Į               |
| CITY-ST-ZIP                                 |  |                                       | 4.4 CITY      | -ST-   | -ZIP                            |   |                              |                            |                 |
| TITLE                                       |  | ☐ DELETE                              | 5.1 TITLE     |        |                                 |   |                              | Change                     | ☐ Addition      |
| NAME  |  |                                       | 5.2 NAMI      | E      |                                 |   |                              |                            |                 |
| STREET ADDRESS                              |  |                                       | 5.3 STRE      | ET/    | ADDRES\$                        |   |                              |                            |                 |
| CITY-ST-ZIP                                 |  | •                                     | 5.4 CITY      | -ST-   | - ZIP                           |   |                              |                            |                 |
| TITLE                                       |  | ☐ DELETE                              | 6.1 TITLE     | =      |                                 |   |                              | Change                     | ☐ Addition      |
| NAME  |  |                                       | 6.2 NAM       | Ε      |                                 |   |                              |                            | }               |
| STREET ADDRESS                              |  |                                       | 6.3 STRE      | ET/    | ADDRESS                         |   |                              | -                          |                 |
| GINCEI NUONESS                              |  |                                       |               |        |                                 |   |                              |                            |                 |

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 ecciver 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 appear with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR