

FILE NOW: FILING FEE AFTER MAY 1ST IS \$517.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

 FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS
DOCUMENT # **P96000029877**

1. Corporation Name

INTERLAW ADVISORY SERVICES, INC

Principal Place of Business

 2380 UNIVERSITY DR
 CORAL SPRINGS FL 33065
 US

Mailing Address

 2380 UNIVERSITY DR
 CORAL SPRINGS FL 33061
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1996

4. FEI Number

65-0655980

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

10. Name and Address of New Registered Agent

81 Name

Jose F. Cuetos

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

3615 CORAL SPRINGS DRIVE

83

84 City

CORAL SPRINGS

FL

85 Zip Code

33065

2. Principal Place of Business

 21 **2328 N. UNIVERSITY DR.**
 Suite, Apt. #, etc.

2a. Mailing Address

 26 **2328 N. UNIVERSITY DR.**
 Suite, Apt. #, etc.

City & State

 23 **CORAL SPRINGS, FLA**
 Zip Country

City & State

 28 **CORAL SPRINGS, FLA**
 Zip Country
24 **33065-51225**29 **33065-51220 U.S.A.**

9. Name and Address of Current Registered Agent

ANTEQUERA, CAROLINA
5320 NW 77TH CT.
POMPANO BEACH FL 33078

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

03/18/99

12. OFFICERS AND DIRECTORS

 TITLE **P&G** ☒ DELETE
 NAME **ANTEQUERA, CAROLINE**
 STREET ADDRESS **5320 NW 77TH CT.**
 CITY-ST-ZIP **POMPANO BEACH FL 33078**

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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 CITY-ST-ZIP

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE **PRESIDENT-TREASURER-VA** ☒ Change ☐ Addition
 1.2 NAME **JOSE F. CUETOS**
 1.3 STREET ADDRESS **3615 CORAL SPRINGS DRIVE**
 1.4 CITY-ST-ZIP **CORAL SPRINGS, FLA 33065**

 2.1 TITLE **VICE PRESIDENT-SEC** ☐ Change ☒ Addition
 2.2 NAME **DIRECTOR**
 2.3 STREET ADDRESS **CARMON J. CUETOS**
 2.4 CITY-ST-ZIP **3615-CORAL SPRINGS DRIVE**

 3.1 TITLE **CORAL SPRINGS, FLA 33065** ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose F. Cuetos
President

Date

1/27/99 (954) 255-3525

Daytime Phone #

CR2E034 (1/198)