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FILED  
Jun 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000065145 (0)

1. Corporation Name

INTERNATIONAL CONSULTING & FINANCIAL SERVICES, I  
NC.

Principal Place of Business

1001 SOUTH BAYSHORE DRIVE, SUITE 1712  
MIAMI FL 33131

Mailing Address

1001 SOUTH BAYSHORE DRIVE, SUITE 1712  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1996

4. FEI Number

65-0683332

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 1001 S. BAYSHORE DR.  
Suite, Apt. #, etc.

22 2104

City & State

23 MIAMI FL

Zip

24 33131

Country

25

2a. Mailing Address

26 1001 S. BAYSHORE DR.  
Suite, Apt. #, etc.

27 2104

City & State

28 MIAMI FL

Zip

29 33131

Country

30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 607.1508, 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 types or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SOTILLO, ANDRES O

STREET ADDRESS 1001 SOUTH BAYSHORE DRIVE, SUITE 1712

CITY-ST-ZIP MIAMI FL 33131

TITLE S ☐ DELETE

NAME TORTOLEDO, MARIA CAROLINA

STREET ADDRESS 1001 SOUTH BAYSHORE DRIVE, SUITE 1712

CITY-ST-ZIP MIAMI FL 33131

TITLE TD ☐ DELETE

NAME OSIO, DAVID J

STREET ADDRESS 1001 SOUTH BAYSHORE DRIVE, SUITE 1712

CITY-ST-ZIP MIAMI FL 33131

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 PD ☒ Change ☐ Addition

1.2 NAME SOTILLO, ANDRES O.

1.3 STREET ADDRESS 1001 S. BAYSHORE DR. # 2104

1.4 CITY-ST-ZIP MIAMI FL. 33131

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME TORTOLEDO, MARIA CAROLINA

2.3 STREET ADDRESS 1001 S. BAYSHORE DR. #2104

2.4 CITY-ST-ZIP MIAMI FL 33131

3.1 TITLE TD ☒ Change ☐ Addition

3.2 NAME OSIO, DAVID J.

3.3 STREET ADDRESS 1001 S. BAYSHORE DR. #2104

3.4 CITY-ST-ZIP MIAMI FL 33131

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

CR2E034 (10/97)