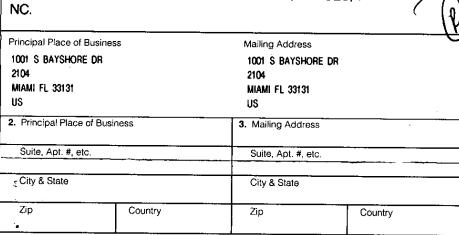
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000065145

1. Entity Name

INTERNATIONAL CONSULTING & FINANCIAL SERVICES, I



FILED Jul 10, 2002 8:00 am Secretary of State

07-10-2002 90196 034 ***550.00



Applied For

DO NOT WRITE IN THIS SPACE

4. FEI Number

		Only d Grand		4. FEI Number 65-0683332	Applied For	
				00 000002	Not Applicable	
Zip `₌	Country	Žip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134			Name Street Ac			
The above name	ned entity submits this statement	t for the number of the	City		Zip Code	
ine obligations	of registered agent.		(NOTE: Registered Agent signatur	registered agent, or both, in the State of Florida. I a	·	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its Intangible FILE NOW!!! -FEE After. September 13, 2002 I Make Check Payable to De				\$750.00 Trust Fund Contribution	\$5.00 May Be Added to Fees	

Make Check Payable to Department of State

4.4					
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOTILLO, ANDRES O 1001 S BAYSHORE DR #2104 MIAMI FL 33131	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF OPERATION OFFICER**X*Change Addition ANDRES O. SOTILLO 1001 BRICKELL BAY DR. SUITE2104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TORTOLEDO, MARIA CAROLINA 1001 S BAYSHORE DR #2104 MIAMI FL 33131	₩ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL. 33131 PRESIDENT RAFAEL MARTIN-GUEDEZ 1001 BRICKELL BAY DR. SUITE2104 MIAMI, FL. 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OSIO, DAVID J 1001 S BAYSHORE DR #2104 MIAMI FL 33131	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICE MANAGER Change And Addition ROXANNA DE GREGORIO 1001 BRICKELL BAY DR. SUITE2104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL. 33131 Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change ☐ Addition	

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

Addition

^{13.} I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an appears with all other like empowered.