FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000094517 (5)

INTERNET CONSULTING GROUP CORPORATION

Principal Place of Business Mailing Address 18400 COLLINS AVENUE, SUITE 1045 16400 COLLINS AVENUE, SUITE 1045 MIAMI BEACH FL 33160 MIAMI BEACH FL 33160-4568 3. Date Incorporated or Qualified 3a. Date of Last Report 11/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65- 0707820 26 Not Applicable Suite Apl #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 Florida Statutes Yes 🕅 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 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 Signal of the concession was a office extending of and little displicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **PSTD** DELETE TITLE 1.1 TITLE Change Addition PLANOS, ANTONIO D h ME 1.2 NAME 16400 COLLINS AVENUE, SUITE 1045 STREET ADDITIONS 1.3 STREET ADDRESS MIAMI BEACH FL 33160 CITY ST 761 1.4 CITY-ST-ZIP DELETE 105 F 21 TITLE Change Addition NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CHY SI-ZE 2 4 City-St-ZiP DELETE TIDE 31 TITLE Change Addition NAME. 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-7-P 3 4. CITY - ST - ZIP DELETE THE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CIDY - ST - 20 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAMI 5.2 NAME STEEL ADDRESS 5.3 STREET ADDRESS CHTY-ST ZIP 5.4 CITY - \$1 - ZIP DELETE TITLE 6.1 TITLE [] Change Addition NAME 6.2 NAME STREET ACCORESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP

14. I do 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 efficer 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

SIGNATURE

ANTONIO DI PLANOS

an attachment with an address

305 582 221o

(96/6)

FILED

Feb 27 1997 8:00am

Secretary of State