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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthant

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

T# P97000003394 (8)

INTERNATIONAL CONSULTING SOLUTIONS, INC.

Principal Place of Business

Mailing Address

FILED May 27 1998 8:00am Secretary of State



1161 WEST 46TH STREET 1161 WEST 46TH STREE HIALEAH FL 33012 HIALEAH FL 33012					DO NOT WRITI	E IN THIS S	PACE	
					 Date Incorporated or Qualified 01/07/1997 			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number			Applied For
1 4471 NW 36 ST 26 4471 NW 3			36 ST		65-0719707	····	<u> </u>	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 251 27 SUITE 251 27 SUITE					5. Certificate of Status Desired	Ø		Additional Required
City & State	4 Springs		HIALL Springs		Election Campaign Financing Trust Fund Contribution	, , , , , , , , , , , , , , , , , , ,		
Zip. 24 331(29 33(66 3	Coun	PADE	This corporation owes or has p Personal Property Tax due Juni	e 30. 🗆	Yes	ntarigible No
g. Name and Address of Current Registered Agent 10, Name and Address of New								
	ALZ AD ILLA, ROLANDO		Name					
1161 West 46th Street Hialeah Fl 33012				Street Address (P.O. Box Number is Not Acceptable)				
•			8	3	•			
. *			8	4 City	*	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abo	ve-named c	orporation submits this statement for the	purpose of	changing	its registered
The found to the provisions of sections but 2007 5002 and 507 15005, Florida Statutes, the above-named corporation's statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam lamiliar with a succeept the obligations of Section 607.0505, Florida Statutes.								
SIGNATURE		POLAND	0	CALL	WOLLY DUCTORY	א א	141	3 Y
	Signature typed or protect rescal of regaliered agent		_	gent signature re	quired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		DIRECTO Change	
TITLE	Prosident	-	1.1 1111			,		LJ ADDIRON
NAME	ROLANDO CALZADÍ	LCA	1.2 NAM					ŀ
STREET ADDRESS	HIALEMA, FL 3'30'	2		ET ADDRESS				
CITY-ST-ZIP TITLE	VICE POWER	- DELETE	2.1 TITL	-ST-ZIP			Change	☐ Addition
NAME	PEDRO M. GUTIER	20 4- 5	2 2 NAN					
STREET ADDRESS	460 GLOROS DRI	165 AR	1	ET ADDRESS				
CITY-ST-ZIP	Miaui springs,	9 32/66		'- \$1 - 7IP				ļ
TITLE	SULRETAM	DELETE	3.1 TITL				Change	Addition
NAME	ANDRER LUGINE	ξ ζ	32 NAM	F				
STREET ADDRESS	3568 W 72 ST		3 3 STAI	ET ADDRESS				į
CITY-ST-ZIP	gloce in hospioit		3 4. CIT	'-ST-ZIP				
TITLE		L DELETE	4.1 TiTL			l	Change	☐ Addition
NAME			4. 2 NA]
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		DECETE		-ST-ZIP			Change	Addition
TITLE		L_ DELETE	5.1 1111				Change	☐ Maddition
NAME			5.2 NAM					
STREET ADDRESS				E1 ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CHY	-S1-ZIP			Change	Addition
NAME			6.2 NAM			'		
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			1	- \$1- ZIP				\{
0111-31-21F		N. C. T. 19 C.	0.4 011	- 51 - 211	1- 0- 11- 110 03(0VI) FI- 11- Otal 1-	I dth a.v. a.a.		- 1-4- var a

I hereby corlify 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 inform 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 are officer or director of the corporation by the received or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appearance is a Block 12 or Block 13 if changed, or only supplied on with an address.

4/4/98

205-822-356