
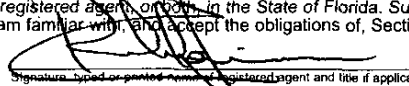


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90012 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000003394					
1. Corporation Name INTERNATIONAL CONSULTING SOLUTIONS, INC.					
Principal Place of Business 4471 NW 36TH ST STE 251 MIAMI SPRINGS FL 33166 US			Mailing Address 4471 NW 36TH STREET STE 251 MIAMI SPRINGS FL 33166 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2802 GUY N VENGEL BUD		26 2802 GUY N VENGEL BUD		01/07/1997	
22 Suite, Apt. #, etc. STE 201		27 STE 201		4. FEI Number 65-0719707	
23 City & State TAMPA, FL		28 TAMPA, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 - Additional Fee Required	
24 Zip 33605 25 Country USA		29 Zip 33605 30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CALZADILLA, ROLANDO 1161 WEST 46TH STREET HIALEAH FL 33012			10. Name and Address of New Registered Agent		
			81 Name ROLANDO CALZADILLA		
			82 Street Address (P.O. Box Number is Not Acceptable) 8639 N HINES #2414		
			83		
			84 City TAMPA 85 FL 86 Zip Code 33614		
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  ROLANDO CALZADILLA - PRESIDENT 1/20/99					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME CALLZADILLA, ROLANDE			1.2 NAME ROLANDO CALZADILLA		
STREET ADDRESS 1161 W 46TH STREET			1.3 STREET ADDRESS 8639 N HINES #2414		
CITY-ST-ZIP HIALEAH FL 33012			1.4 CITY-ST-ZIP TAMPA, FL 33614		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME GUTIERREZ, PEDRO M			2.2 NAME PEPPO GUTIERREZ, M.		
STREET ADDRESS 460 ELDRON DRIVE, #			2.3 STREET ADDRESS 3921 NW 58 CT		
CITY-ST-ZIP MIAMI SPRINGS FL			2.4 CITY-ST-ZIP MIAMI, FL 33166		
TITLE <input checked="" type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME S			3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS RUENTES, ANDRES			3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 3588 W 72ND STREET			3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME MARIA E. CALZADILLA			4.2 NAME MARIA E. CALZADILLA		
STREET ADDRESS 8639 N HINES #2414			4.3 STREET ADDRESS 8639 N HINES #2414		
CITY-ST-ZIP TAMPA, FL 33614			4.4 CITY-ST-ZIP TAMPA, FL 33614		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <input type="checkbox"/> DELETE			5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <input type="checkbox"/> DELETE			5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <input type="checkbox"/> DELETE			5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <input type="checkbox"/> DELETE			6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <input type="checkbox"/> DELETE			6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <input type="checkbox"/> DELETE			6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)