**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700003394

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

03-06-1999 90012 029 \*\*\*150.00

1. Corporation Name						
INTERNATIONAL CONSULTING SOLUTIONS, INC.				1		
}				1 1 <b>64</b> 11 <b>00</b> 1 11 <b>0 12</b> 115 1 <b>00</b> 51 <b>06</b> 116 <b>0</b>	ALTO ARTOC FACE AREAS WAS USON CHIEF ROSE (ARE	
Principal Plac	e of Business	Mailing Address	<del>-</del> -		91:1 00:11: 001:1 00:100 fl:00 11118 10:11 8101 1001	
4471 NW 36TH		•				
STE 251	1 31	4471 NW 36TH STREET STE 251			•	
MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166				DO NOT WRI	DO NOT WRITE IN THIS SPACE	
บร		US		3. Date incorporated or Qualifed	.	
				01/07/1997		
2. Principal P	lace of Business	2a. Mailing Address	·	4. FEI Number	Applied For	
21 2802	GUY N VERGER BLUD	26 2802 GUYN V	lengen B	65-07 19707	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired		
22 STE	201	27 STE 201		5. Certificate of Status Desired	Fee Required	
City & Stat		City & State		6. Election Campaign Financing	□ \$5.00 May Be	
23 TAN	184, 1-2	28 TAMPA, F	· · ·	Trust Fund Contribution	Added to Fees	
Zip 221	Country	Zip 33605 -	Country	8. This corporation owes the curr	ent year Intangible	
24 350	105 25 USA	29 33607 30	AZÜÜĞ	Personal Property Tax.	XYes □No	
	9. Name and Address of Current F	Registered Agent		10. Name and Address of New I	Registered Agent	
CALZADULA DOLANDO				ROLANDO CALZI	AD ILLA	
OALZADILLA, ROLANDO			Address (P.O. Box Number is Not Accepte			
1161 WEST 46TH STREET			56		-414	
HIAI	.EAH FL 33012		83		1	
			84 City		95 Zin Codo	
			G4 City	TAMPA	FL 85 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 agents of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered						
office or registered agent. on 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				ADICUA - PRESIDENT	1/20/99	
SIGNATURE	Signature typed or pented name of agistered agent ar		gistered Agent signature r		DATE	
12.	OFFICERS AND		13.		FICERS AND DIRECTORS IN 12	
TITLE	Р	☐ DELETE	1.1 TITLE	PRESIDENT	Change  Addition	
NAME	Callzadila, rolande		1.2 NAME	ROLANDO CALZADILL	<b>^</b> - }	
STREET ADDRESS	1161 W 46TH STREET		1.3 STREET ADDRESS	9639 NHIMES #2414		
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-ST-ZIP	TAMPA, PL 33614"		
TITLE	VP	☐ DELETE	2.1 TITLE	VICE PRESIDENT	☐ Addition	
NAME	Gutierrez, Pedro M		2.2 NAME	PERPO GUTIENCEZ, M.		
STREET ADDRESS	460 ELDRON DRIVE, #		2.3 STREET ADDRESS	3921 NW 58CT		
CITY-ST-ZIP	MIAMI SPRINGS FL		2. 4 CITY-ST-ZIP	MIAMILEL 33166		
TITLE	S	DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	RUENTES, ANDRES		3.2 NAME		-	
STREET ADDRESS	3568 W 72ND STREET		3.3 STREET ADDRESS	•		
CITY-ST-ZIP	HIALEAH FL 33018		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	SECRETARY	☐ Change	
NAME		_	4. 2 NAME	MARIA E. CALZAOT	LLA	
STREET ADDRESS			4.3 STREET ADDRESS	8639 N HIMES #24	14	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MARIA E. CALZAOT 8639 N HIMES #241 TAMPA, FL 33614	`	
TITLE		☐ DELETE	5.1 TITLE	ו אינודר, וב	☐ Change ☐ Addition	
NAME		outer	5.2 NAME		Li Change Li Addition	
			5.3 STREET ADDRESS			
STREET ADDRESS					J	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			
TITLE		□ nere i F			☐ Change ☐ Addition │	
NAME			62 NAME		1	
STREET ADDRESS			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		j	

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 executive man an address, with all other like empowered.

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR