

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90074 015 ***158.75

DOCUMENT # **P97000010196**

1. Corporation Name
EXCELCONSULT INTERNATIONAL, INC.



Principal Place of Business
**19530 N.E. 18TH COURT
N MIAMI BEACH FL 33179-3656**

Mailing Address
**19530 N.E. 18TH COURT
N MIAMI BEACH FL 33179-3656**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/28/1997

4. FEI Number
65-0735939

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALVAREZ, RICARDO R
19530 N.E. 18TH COURT
N MIAMI BEACH FL 33179**

81 Name **ALVAREZ, RICARDO A**
82 Street Address (P.O. Box Number is Not Acceptable)
19530 NE 18TH COURT
83 **NOT**
84 City **NORTH MIAMI BEACH** FL 85 Zip Code **33179**

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 **RICARDO A. ALVAREZ**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **ALVAREZ, RICARDO A**
STREET ADDRESS **19530 N.E. 18TH COURT**
CITY-ST-ZIP **N MIAMI BEACH FL 33179-3656**

TITLE **VTD** ☐ DELETE
NAME **ALVAREZ, MARCIA R**
STREET ADDRESS **19530 N.E. 18TH COURT**
CITY-ST-ZIP **N MIAMI BEACH FL 33179-3656**

TITLE **SD** ☐ DELETE
NAME **ALVAREZ, RICARDO R**
STREET ADDRESS **19530 N.E. 18TH COURT**
CITY-ST-ZIP **N MIAMI BEACH FL 33179-3656**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
1.2 NAME **ALVAREZ, ANA-MARIA**
1.3 STREET ADDRESS **19530 NE 18TH COURT**
1.4 CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE: **RICARDO A. ALVAREZ** **1/9/99** **305/931-0871**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)