

APPROVED
AND
FILED

01 NOV 13 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900004689859--0

-11/20/01--01076--008

****150.00 ****150.00

APPLICATION FOR REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # P97000031043							
1. Corporation Name International Consulting Associates, P.A.							
Principal Place of Business				Mailing Address			
2. Principal Place of Business 21 2100 S.W. 4th Avenue Suite, Apt. #, etc. 22 City & State 23 Miami FL Zip 24 33129				2a. Mailing Address 25 2100 S.W. 4th Avenue Suite, Apt. #, etc. 27 City & State 28 Miami FL Zip 29 33129			
3. Date Incorporated or Qualified 4/3/1997				3a. Date of Last Report			
4. FEI Number 65-0771002				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							
9. Name and Address of Current Registered Agent Alberto Milo, Jr. 2100 S.W. 4th Avenue Miami, FL 33129				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
11. Pursuant to the provisions of Sections 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 obligation of Section 607.0505, Florida Statutes. SIGNATURE <u>Alberto Milo, Jr., President</u> DATE <u>11/2/01</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP Director / President Alberto Milo, Jr. 2100 S.W. 4th Avenue Miami FL 33129 <input type="checkbox"/> DELETE				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer Maria C. Milo 2100 S.W. 4th Avenue Miami FL 33129 <input type="checkbox"/> DELETE				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President Maria C. Milo 2100 S.W. 4th Avenue Miami FL 33129 <input type="checkbox"/> DELETE				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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 or on attachment with an address. SIGNATURE <u>Alberto Milo, Jr., President / Director</u> DATE <u>11/2/01</u> 305-445-8222 Signature and typed or printed name of signing officer or director							

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: International Consulting Associates, P.A.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$150 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

Sincerely,

Alberto Milo, Jr.
President

Date: November 2, 2001

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

PH: (850) 668-4318 FX: (850) 668-3398

DATE: 11-13-01

ACCOUNT NO: ~~PCA0000000015~~

AUTHORIZATION: ABBIE/PAUL HODGE

TYPE OF FILING: 2001 UBR W/ WAIVER

NAME: INTERNATIONAL CONSULTING ASSOCIATES, P.A.

SPECIAL INSTRUCTIONS: CHECK FOR \$150.00 ATTACHED

RECEIVED
01 NOV 13 AM 10:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA