

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  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90112 048 \*\*\*150.00

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DOCUMENT # P97000038638

1. Corporation Name  
ISC CONSULTANTS, INC.

Principal Place of Business  
9120 SW 157TH PLACE  
MIAMI FL 33196

Mailing Address  
9120 SW 157TH PLACE  
MIAMI FL 33196

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1997

4. FEI Number

65-0748727

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

21 7740 SW 139 Terrace

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip

24 33158

Country

25 USA

2a. Mailing Address

26 7740 SW 139 Terr

Suite, Apt. #, etc.

27

City & State

28 Miami FL

Zip

29 33158

Country

30 USA

9. Name and Address of Current Registered Agent

SANCHEZ, ISABEL RUTH  
9120 SW 157TH PLACE  
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name

Isabel Ruth Sanchez

82 Street Address (P.O. Box Number is Not Acceptable)

7740 SW 139 Terr

83

84 City

Miami

FL

85 Zip Code

33158

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

Isabel Sanchez / Isabel Sanchez

2/28/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ~~DELETE~~  
NAME SANCHEZ, ISABEL RUTH  
STREET ADDRESS 9120 SW 157TH PLACE  
CITY-ST-ZIP MIAMI FL 33196

TITLE D ~~DELETE~~  
NAME SANCHEZ, CARLOS ANTONIO  
STREET ADDRESS 9120 SW 157TH PLACE  
CITY-ST-ZIP MIAMI FL 33196

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 D ~~Change~~ ☐ Addition  
1.2 NAME Isabel Ruth Sanchez  
1.3 STREET ADDRESS 7740 SW 139 Terr  
1.4 CITY-ST-ZIP Miami FL 33158

2.1 TITLE D ~~Change~~ ☐ Addition  
2.2 NAME Carlos Antonio Sanchez  
2.3 STREET ADDRESS 7740 SW 139 Terr  
2.4 CITY-ST-ZIP Miami FL 33158

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:

Isabel Sanchez / Isabel Sanchez

2/28/99

305-969-5544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)