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Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000065204 (4)
1. Corporation Name
INCA-INTERNATIONAL CONSULTANTS ASSOCIATED INC.



Principal Place of Business Mailing Address
11205 NW 10TH PLACE 11205 NW 10TH PLACE
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 2101 NW 33rd Street 26 2101 NW 33rd Street
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 2000A 27 Suite 2000A
City & State City & State
23 Pompano Beach, FL 28 Pompano Beach, FL
Zip Country Zip Country
24 33069 25 USA 29 33069 30 USA

3. Date Incorporated or Qualified

07/25/1997

4. FEI Number Applied For
65-0766897 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GONCALVES, ANDRADE
11205 NW 10TH PLACE
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name Moyses S. Levy
82 Street Address (P.O. Box Number is Not Acceptable)
2101 NW 33rd Street
83 Suite 2000A
84 City Pompano Beach FL 85 33069

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 Moyses S. Levy, President

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

NOTE: Registered Agent signature required when translating.

DATE

1-27-98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GONCALVES, ANDRADE
STREET ADDRESS 11205 NW 10TH PLACE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE VPD
NAME LEVY, MOYSES S
STREET ADDRESS 11205 NW 10TH PLACE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE
NAME ALLAN L. KORES
STREET ADDRESS 137 Golden Isles Dr. # 706
CITY-ST-ZIP Hallandale, FL. 33008

TITLE
NAME Roberto Porto Carvalho
STREET ADDRESS 11205 NW 10th PL.
CITY-ST-ZIP Coral Springs, FL. 33071

TITLE
NAME Jerry Silverman
STREET ADDRESS 201 Crandon Blvd. # 420
CITY-ST-ZIP Key Biscayne, FL. 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE V.Pres. Secretary/Treasury ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE V.Pres. ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE V.Pres. Administration ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 owner 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 omitted from the previous address.

SIGNATURE Moyses S. Levy, President

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CR2E034 (10/97)