

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90150 029 ***150.00

DOCUMENT # P97000065204

1. Corporation Name

INCA-INTERNATIONAL CONSULTANTS ASSOCIATED INC.

Principal Place of Business

Mailing Address

2101 NW 33RD ST.
SUITE 2000A
POMPANO BEACH FL 33069
US

2101 NW 33RD ST.
SUITE 2000A
POMPANO BEACH FL 33069
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1997

4. FEI Number

65-0766897

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 2831 E. Oakland Park Blvd

Suite, Apt. #, etc.
22 suite 08

Suite, Apt. #, etc.

27

City & State
23 Fort Lauderdale, FL

City & State

28

Zip Country
24 33306 25 USA

Zip Country
29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVY, MOYSES S
2101 NW 33RD ST.
SUITE 2000A
POMPANO BEACH FL 33069

81 Name

Moyses S. Levy

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

2831 E. Oakland Park Blvd.

83 suite 08

84 City

Fort Lauderdale, FL

FL

85 Zip Code

33306

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE VPT ☐ DELETE
NAME KORES, ALLAN L
STREET ADDRESS 137 GOLDEN ISLES DR. #706
CITY-ST-ZIP HALLANDALE FL 33008

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

TITLE VP ☒ DELETE
NAME CARVALHO, ROBERTO PORTO
STREET ADDRESS 11205 NW 10TH PL.
CITY-ST-ZIP CORAL SPRINGS FL 33071

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

TITLE VPA ☐ DELETE
NAME SILVERMAN, JERRY
STREET ADDRESS 201 CRANDON BLVD. #420
CITY-ST-ZIP KEY BISCAYNE FL 33149

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOYSES S. LEVY
President

Feb-02-1999 (954) 537 2141

Date

Daytime Phone #

CR2E034 (11/98)

0156766