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FILED
Jun 01 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 # P97000089529 (6)

1. Corporation Name

INTERNATIONAL CONSULTING AND BUSINESS SERVICES C
ORPORATION

Principal Place of Business

15060 SOUTHWEST 103 TERRACE
SUITE 6104
MIAMI FL 33196

Mailing Address

15060 SOUTHWEST 103 TERRACE
SUITE 6104
MIAMI FL 33196

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1997

4. FE Number

05-0788791

Applied For

Not Applicable

2. Principal Place of Business

21 9324 NW 13 STREET

Suite, Apt. #, etc.

22 #13

City & State

23 MIAMI, FL

Zip

24 33172

Country

25 USA

2a. Mailing Address

26 9324 NW 13 STREET

Suite, Apt. #, etc.

27 #13

City & State

28 MIAMI, FL

Zip

29 33172

Country

30 USA

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 HIPOLITO F. ALBACETE

82 Street Address (P.O. Box Number is Not Acceptable)
9324 NW 13 STREET, BAY #13

83

84 City MIAMI

FL

85 Zip Code 33172

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 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 a resident of the State of Florida. My signature is required by Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27 98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSD
ALBACETE, PATRICIA F
STREET ADDRESS 15060 SW 103 TERRACE, STE 6104
CITY-ST-ZIP MIAMI FL 33196

TITLE ☐ DELETE

NAME VTD
ALBACETE, HIPOLITO F
STREET ADDRESS 15060 SW 103 TERRACE, STE 6104
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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, have received 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, changed or not, at the time with an address.

SIGNATURE

HIPOLITO F. ALBACETE VTD

4/27 98

CR2E034 (10/97)