PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 24, 1999 8:00 am Secretary of State 03-24-1999 90013 028 ***158.75

| DOCUMENT # | P97000105311 |
|------------|--------------|

| INTERNA | TIONAL COMMUNICATIONS | GUNSULIANTS, INC | • | | | | | | | |
|--|--|---|----------------------------------|------------------------------------|-------------------|--|---|------------------------|------|--|
| Principal Place | ncipal Place of Business Mailing Address | | | | | I IBBHBUL DA 10011 (A011 Anta artift natul itan i | Afile Alima istae | 41641 3191 3441 | | |
| | | 7875 N.W. 12TH STREET | | | | \ | | | | |
| 7875 N.W. 12TH STREET 7875 N.W. 12TH SINGET SUITE 103 SUITE 103 | | | | | | DO NOT WRITE IN THIS | SPACE | | | |
| MIAMI FL 3312 | 5 | MIAMI FL 33126 | | | | 3. Date Incorporated or Qualified | O. MOL | | , | |
| | | | | | | 1 Time to the control of the control | | ł | | |
| | | A Adellino Addresso | | | | 01/01/1998 4. FEI Number | TA | plied For | ı | |
| ⊢ | lace of Business | 2a. Mailing Address | | | | 65-080/435 Not Applicable | | | | |
| 21 | | Suite, Apt. #, etc. | | | | | S8.75 Additional | | | |
| Suite, Apt. | #, elic. Suli-TE 109-B - | h - 1000 | | | 112 | 5. Certifcate of Status Desired | 5. Certificate of Status Desired Fee Required | | | |
| City & Stat | | City & State | | <u> </u> | <u> </u> | 6. Election Campaign Financing | \$5.00 | May Bo | · | |
| 23 | المنافق المراجب المراجب المراجب | 28 | | | | Trust Fund Contribution | Added | to Fees | l | |
| Zip | Country | Zip | Co | untry | | 8. This corporation owes the current year Int | angible | _ | ı | |
| 24 | [25] | 29 | 30 | | | Personal Property Tax. | ☐ Yes | No | ı | |
| | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New Registered | Agent | | ı | |
| | | | | 81 | Name | | | 1 | ı | |
| | INS. RENE | • | • | 82 | Street Add | iress (P.O. Box Number is Not Acceptable) | | | i | |
| 1331 | 15 S.W. 98TH PLACE | | | | 0.000 | | | | l | |
| Miai | VII FL 33176 | | | 83 | | | | | l | |
| 1 | | | | 84 | City | | 85 Zip (| Code | ı | |
| } | • | | | 1 - 1 | | FL_ | | | ľ | |
| 11, Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statut | es, the | sbove | -named cor | poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoi | changing its ntment as re | registered gistered | l | |
| office or r | egistered agent, or both, in the State on familiar with, and accept the obligati | in Florida, Such change was a ions of, Section 607.0505, Flo | umonze rida Sta | tutes. | tile colborar | BOILS BORING OF CHRECKO'S. FROIDS STORES THE SPECIAL | | · | | |
| SIGNATURE | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | | | | t signature requi | red when reinstating) DATE | D DIDECTO | DC IN 42 | (80) | |
| 12. | OFFICERS AND | | 13 | | | ADDITIONS/CHANGES TO OFFICERS AN | Change | Addition | 1 | |
| TITLE | PD | ☐ DELETE | | MLE | | | | _ | 3 | |
| NAME | PICANS, JOSE A | | 1 | 12 NAME | | | | | දි | |
| STREET ADDRESS | 13315 S.W. 98TH PLACE | | | 1.3 STREET ADDRESS | | | | | ľ | |
| CITY-ST-ZIP | MIAMI FL 33176 | ☐ OELETE | _ | | T-ZIP | | Change | Addition | ا ز | |
| ∤ TITUE | VSD | Cherese | | 21 TILE | | | - . • | _ | į | |
| NAME | AMADO, PEDRO P | • | | 22 NAME | | | | | l | |
| STREET ADDRESS | 14642 S.W. 172ND LANE | | 2.3 STREET | | | • | | | ı | |
| CTTY-ST-ZIP | MIAMI FL 33177 | DELETE | _ | 2.4 CITY-ST-ZIF | | | Change | Addition | | |
| TITLE | | UDELETE | | 32 NAME | | - • | _ • | | | |
| NAME | | · | 32 NAME | | TADODESO - | | | | | |
| STREET ADDRESS | İ | | | | į | | • | | | |
| CITY-ST-ZIP | | DELETE | 3.4. CITY-5 4.1 TITLE | | 1.5% | | ☐ Change | Addition | l | |
| TITLE | | | | NAME | Ĭ | | • | | ļ | |
| NAME | , | | - | • | ADDRESS | | | : | | |
| STREET ADDRESS | | | | | i | | | | ı | |
| CITY-ST-ZIP | | ☐ DELETE | | 4.4 CITY-ST-ZIP 5.1 TITLE | | | Change | ☐ Addition | | |
| TITLE | I | | - v. | | - 1 | | | | 4 | |
| | | | 5.2 | NAME | 1 | | | | 1 | |
| NAME | | O OCCUPA | | | ADDRESS | | | | 1 | |
| STREET ADDRESS | | C opera | 53 | STREET | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | ☐ DELETE | 53 54 | | | | ☐ Change | Addition | | |
| STREET ADDRESS CITY-ST-ZIP TITLE | · . | | 5.3 5.4 8.1 | SIREEI CITY-SI | | | □ Change | ☐ Addition | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | · · · | | 5.3 : 5.4 : 8.1 : 8.2 : | STREET CITY-SI TITLE NAME | | | ☐ Change | Addition | | |
| STREET ADDRESS CITY-ST-ZIP TITLE | | | 53: 54: 81: 82: 63: | STREET CITY-SI TITLE NAME | T-ZIP | | ☐ Change | ☐ Addition | | |

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 turther certify that the information indicated on this annual report or suppliemental 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 or an attachment with an address, with all other like empowered.

SIGNATURE;

DOUIRED