FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

Rincipal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000027781

1. Corporation Name

INTERNATIONAL CURRENCY CONSULTANTS, INC.

Principal Place of Business

2424 NORTH FEDERAL HWY

SUITE 302

BOCA RATON FL 33431

Suite, Apt. #, etc 104 B

City & State

Mailing Address

May 05, 1999 8:00 am Secretary of State

05-05-1999 90035 034 ***150.00



SUITE 302 BOCA RATON FL 33431	DO NOT WRITE IN THIS SPACE				
	3. Date Incorporated or Qualifed 03/23/1998				
2a. Mailing Address	4. FEI Number	Applied For			
26 4800 N tederal HWG	65-0828314	Not Applicable			
Suite, Apt. #, etc. 27 10 (B	5. Certifcate of Status Desired	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees			
28 BO (a Ratur E).	6. Election Campaign Financing Trust Fund Contribution				
29 33 43 1 30 USA	This corporation owes the current year In Personal Property Tax.	tangible ☐ Yes ☐ No			
egistered Agent	10. Name and Address of New Registered Agent				
94 1					

FEDER, GARY A 1701 W HILLSBORO BLVD, #302 **DEERFIELD BEACH FL 33442**

25

9. Name and Address of Current Reg

	10. Name and Address of New Registered Agent								
	81	Name							
	82	Street Address (P.O. Box Number is Not Acceptable)							
	83								
i	84	City	FL	85	Zip Code				

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 tritle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO	O OFFICERS AND DIRECTOR	RS IN 12				
TITLE	Vice Presidiat	1.1 TITLE		☐ Change	☐ Addition				
NAME	Mitchell Davis	1.2 NAME							
STREET ADDRESS	4800 N Federal Hur #10+B	1.3 STREET ADDRESS			1				
CITY+ST-ZIP	Boca Retro Fl. 33431	1.4 CITY-ST-ZIP							
TITLE	President DELETE	2.1 TITLE		☐ Change	Addition				
NAME.	William Cordo	2.2 NAME							
STREET ADDRESS	USDO N Foderal Huy # 10413	2.3 STREET ADDRESS			1				
CITY-ST-ZIP	Boca Ratin El. 33431	2.4 CITY-ST-ZIP							
TITLE	DELETE	31 TITLE		Change	☐ Addition				
NAME		3.2 NAME							
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-ST-ZIP		3.4. CITY-ST-ZIP							
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition				
NAME		4. 2 NAME							
STREET ADDRESS		4.3 STREET ADORESS			ĺ				
CITY-ST-ZIP		4.4 CITY-ST-ZIP							
TITLE	☐ DELETE	51 TITLE		Change	☐ Addition				
NAME		5.2 NAME							
STREET ADDRESS		5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition				
NAME		6.2 NAME			-				
STREET ADDRESS		6.3 STREET ADDRESS			}				
CITY-ST-ZIP		6.4 CITY-ST-ZIP		and the state of t					

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: