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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # S17961

(1)

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FILED

Mar 24 1998 8:00am

Secretary of State

INTERN	IATIONAL CONSULTING, IN	iC.			
Principal Plac	e of Business	Mailing Address			
•		6362 LAS FLORES DRIVE			
6362 LAS FLORES DRIVE 6362 LAS FLORES DRIVE BOCA RATON FL 33433 BOCA RATON FL 33433				DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified
		•			12/10/1990
2. Principal P	ace of Business	2a. Mailing Address		•	4. FEI Number Applied For
zi		26			65-0277948 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Certificate of Status Desired \$8.75 Additional
22		27		****	Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the current year applicable
24	25		30	•	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
CA	RMAN, DEBORAH A. ESQUIRE		81	Name	
165	EAST PALMETTO PARK ROAD		82	Street A	Address (P.O. Box Number is Not Acceptable)
BO	CA RATON FL 33432		83	ļ	
•			183]	
			84	City	EL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statuter	s, the abov	l re-named d	
office or r	egistered agent, or both, in the State	of Florida, Such change was au	thorized b	y the corpo	corporation submits this statement for the purpose of changing its registered to the appointment as registered to accept the appointment as registered
	in termilal with, and accept the orniga	Mons of, Section Cor. Coop, Flori	ida otatute		
SIGNATURE	Signature, typed or printed name of registered ago	nt and title if applicable (NOTF:	Registered Aç	ent signature n	required when reinstahing) DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	INGBER, MARCIA S.		1.2 NAME		
STREET ADDRESS	6362 LAS FLORES DRIVE			T ADDRESS	
CITY-ST-ZIP TITLE	BOCA RATON FL ST	DELETE	1.4 CITY - 2.1 TITLE	S1-ZIP	☐ Change ☐ Addition
NAME	INGBER, MARCIA S.		2.2 NAME		
STREET ADDRESS	6362 LAS FLORES DRIVE			T ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY-		
TITLE	VD	☐ DELETE	3.1 TITLE		È Change ☐ Addition
NAME	INGBER, CHAIM		3.2 NAME		
STREET ADDRESS	6362 LAS FLORES DRIVE		3.3 STREE	T ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZiP		LT DELETE	4.4 CITY-	ST-ZIP	
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		-
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP		DELE TE	5.4 CITY -	ST-ZIP	Change Addition
TITLE		CT DECEME	6.1 TITLE		E Change D Addition
NAME			6.2 NAME	1 40000000	
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			6.4 CITY-1	51-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, you an attachment with an address.