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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S20063

(1)

INTERNATIONAL STRATEGIC CONSULTANTS CORP.

Principal Place of Business Mailing Address 1 SE 3 AVE 1 SE 3 AVE #1400 #1400 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 12/14/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0234563 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Zιρ Country Zip Country

FILED Apr 16 1998 8:00am Secretary of State



Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COPROLITE CORPORATION **SUITE 1400** Street Address (P.O. Box Number is Not Acceptable) 82 1 SE 3 AVE 83 **MIAMI FL 33131** 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change ■ Addition MEYER, ROLF NAME 1.2 NAME 7501 MARSH COVE 1.3 STREET ADDRESS STREET ADORESS PALM BEACH GARDENS FL City-St-7P 1.4 CITY - ST- ZIP DELETE 2.1 TITLE Change Addition TITLE NAME MEYER, SUSANNE 2.2 NAME STREET ADDRESS 1 SE 3 AVE #1400 2.3 STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP City-St-ZIP DELETE ☐ Addition Change THE 3.1 TITLE MEYER, KLAUS NAME 3.2 NAME 1 SE AVE #1400 3.3 STREET ADDRESS STREET ADDRESS MIAM! FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change ___ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TIFLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information surphied with this time 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 surphiemental 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 of the receiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changos of the receiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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