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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90180 016 \*\*\*150.00

DOCON	MENI # <b>S20070</b>									
1. Corporation Name					ļ					
INFISERVICE CORP.						1 14011010 (FD 21011 #51(1 0E(1) (f	HIS MAIN AIRN AI	ALE BEGEN ALAIG	11841 B1811 (B8)	
Principal Place	of Business	Mailing Address	·				1819 BALL BIBIL BI	Alf Albit blan I	BIERI DIDIR IDER	
888 BRICKELL AVE. 888 BRICKELL AVE.										
6TH FLOOR 6TH FLOOR					}					
MIAMI FL 33131 MIAMI FL 33131						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
US		US				•		,	ì	
		D 14-31- A 4-1				12/19/1990 FEI Number		Δ	plied For	
<b>—</b>	ace of Business	2a. Mailing Address	vialling Address			65-0236357	~	}	ot Applicable	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.									Additional	
	27	, , , , , , , , , , , , , , , , , , , ,			Certifcate of Status Desired		<b>+</b> • · · ·	equired		
City & State		City & State	City & State			6. Election Campaign Financing			\$5.00 May Be	
23		28	•			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country		8.	This corporation owes the cur	rent year Inta	angible		
24	25 29 30			Personal Property Tax.					□No	
9. Name and Address of Current Registered Agent				*10. Name and Address of New Registered Agent  Name						
				Name		· .				
CIC ADMINISTRATIVE SERVICES, INC.			82	Street A	Address (P.	O. Box Number is Not Accept	table)			
888 BRICKELL AVE.										
5TH FLOOR			83				•		l l	
MIAMILEL 33131			84	City				85 Zip	Code	
							FL	abanaina ita	societorod	
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.									egistered	
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg				t signature re	equired when re	hinstating) ADDITIONS/CHANGES TO O	DATE	, DIDECTO	DDC IN 12	
12.	OFFICERS AND I	DELETE	13.			DUITIONS/CHANGES TO O	PPICERS AN	Change	Addition	
TITLE	DOP		1.2 NAME							
NAME	ORTEGA, LUIS ALBERTO T. 888 BRICKELL AVE., 6TH FLOOR			1.3 STREET ADDRESS						
STREET ADDRESS	MIAMI FL 33131			1.4 CITY-ST-ZIP		•			+	
CITY-ST-ZIP TITLE	D D	DELETE	2.1 TITLE	1-21				Change	☐ Addition	
NAME	HERRERA, WILLIAM		2.2 NAME							
STREET ADDRESS	888 BRICKELL AVE., 6TH FLOOR			2.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33131		2. 4 CITY- S		•	* **	•	. *-	+	
TITLE	PIG WIN I L VO IV I	☐ DELETE	3.1 TITLE	-72	«ARi	LN OPTECA		Change	(X) Addition	
NAME			3.2 NAME		イアソリ	AN ORTEGA UTIVE VICEPRESI	Wit		•	
STREET ADDRESS		and the same of th	3.3 STREET	ADDRESS	EXEC	JUNE AIGELERY	シストハ	и.	. 2212.	
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	888 1	BRICKELL BUE-6	- + A		33131	
TITLE		☐ DELETE	4.1 TITLE		TAIN	LE MITEGA			/ 🔀 Addition	
NAME	/		4.2 NAME		CACA	bricken Due-	Tasai			
STREET ADDRESS			4.3 STREET		0.20	18 0 · CUCH NAS	Ath Co	H. AM	: 33121	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	888	Dricken Dag	10-2-4X	Change	X Addition	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			IR E. SANTILLA		□ change	M vaginoir	
NAME	/			ADDRESS		RESIDENT		1		
STREET ADDRESS	/ /		1	1	080	BLICKELL AVC-6	men M	Ani s	7. 33131	
CITY-ST-ZIP	<i></i>	TX DELETE	5.4 CITY-S' 6.1 TITLE	1-417	409	BUCKELL MIC-0	~ L × 1.	Change	Addition	
TITLE			6.2 NAME				·			
NAME	1 / ///	11.1.1/	6.3 STREET	ADORESS						
STREET ADDRESS			6.4 CITY- S							
CITY-ST-ZIP			0.4 01111-3	. 411	<u> </u>				*	

14. I hereby certify that the information supplied with the filips deed 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 of supplier that the information indicated on this annual report of supplier that I am an officer or director of the corporation of

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99

Daytime Ph