## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S74862

(1)

INTERNATIONAL CONSULTING SERVICES INC.

Principal Place of Business Mailing Address

## FILED Sep 03 1997 8:00am Secretary of State



8021 SAILBOAT KEY BLVD. SUITE 401 SO. PASADENA FL 33707			BO21 SAILBOAT KEY BLVD. SUITE 401 SO. PASADENA FL 33707			DO NOT WRITE	IN THIS S	PACE			
						3. Date Incorporated or Qualified 08/21/1991	3a. Date of Last Report 06/05/1996				
2. Principal P	lace of Busin	oss	2a. Mailing Address			4. FEI Number			Ap	otied For	
21 Culto Ant	# 444		26 143 Cimarron/rL. Suite, Apt. #, etc.			65-0281848	···	60		Applicable	
Suite, Apt.	#, BIC.		27 226			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State  23  Zip Country			City & State 28 I YVING	28 Irving 1x			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24		29 75063	Count 30	ry		8. This corporation owes or has paid the current year Intapgible Personal Property Tax due June 30. Yes No					
A=4		and Address of Curren	t Registered Agent	1	Name	10. Name and Address of New Re	gistered A	gent			
	fford, s.l 12 no flo										
	12 NO FLO IPA FL 336			8	2						
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				8	4	City		FL	85	Zip C	ode
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 age	int and title if applicable. (NO	TE: Registered A	\gen	t signature requir	red when reinstating)	DATE			
12.		OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIREC	CTORS	S IN 12
TITLE	D	<b></b>	☐ DELETE	1.1 TITLE					☐ Cha	inge	☐ Addition
NAME	TROGNIT			1.2 NAM		İ					
STREET ADDRESS	S. PASAL	LBOAT KEY BLVD.		13 STHEET A							
CITY-ST-ZIP TITLE	O. PASAL	ZEINA FL	DELETE	1.4 CiTY 2.1 TITLE		- ZIP		·	Chá	nne	Addition
NAME			_ bitte	2.2 NAM						iiigo	
STREET ADDRESS				2.3 STRE		ADDRESS					-
CITY-ST-ZIP				2. 4 CITY - S1 - ZIP							
TITLE			DELETE	3.1 TITLE					☐ Cha	ange	☐ Addition
NAME				3.2 NAM	E						
STREET ADDRESS				3.3 STRE	E1 A	LODRESS					ļ
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CITY-ST-ZIP											Į
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NAME				5.2 NAM							
STREET ADDRESS				5 3 STHE	ET A	ADDRESS					
CITY-ST-ZIP				5.4 CITY	- 51	- ZIP					
TITLE			DELETE	6.1 TITLE	-				Cha	inge	Addition
NÀME				6.2 NAM	E						
STREET ADDRESS				6.3 STRE	£1 A	ADDRESS					l
CITY-ST-ZIP				6.4 CITY	- \$1-	- ZIP					

14. I do 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 arrived 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 of truetce 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, of on an attachment with an address.

CIONATURE.

8/18/97 8725019592