

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 20 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V26412 (9)

1. Corporation Name

INTEGRATED CONSULTING SERVICES, INC.

Principal Place of Business

Mailing Address

C/O CARLOS CUETO
~~444 SW 27 AVENUE #57~~
MIAMI FL 33135
US

C/O CARLOS CUETO
~~444 SW 27 AVENUE #57~~
MIAMI FL 33135
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1992

3a. Date of Last Report

04/25/1994

4. FEI Number

65-0337246

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199 (32)

Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 11557 S.W. 64 STREET

26 11557 S.W. 64 STREET

Suite, Apt. #, etc.

22 UNIT E

Suite, Apt. #, etc.

27 UNIT E

City & State

23

City & State

28

Zip

24 33173

Country

25

Zip

29 33173

Country

30

9. Name and Address of Current Registered Agent

CUETO, CARLOS
444 S.W. 27TH AVE.
STE. #57
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 11557 S.W. 64 STREET

84 UNIT E

85 City

MIAMI

FL

86 Zip Code

33173

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 the corporation

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
D
NAME
CUETO, CARLOS
STREET ADDRESS
444 SW 27 AVENUE #57
CITY ST ZIP
MIAMI FL 33135

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
PITD
CUETO, CARLOS
11557 SW 64 STREET, UNIT E
MIAMI, FL 33173
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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, or appears on an attachment with an address.

SIGNATURE:

CARLOS M. CUETO

2/12/95

305 926 4432

Signature typed or printed name of signing officer or director

Date

Phone Number