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

DOCUMENT # **V44495**

1. Corporation Name

THE INF	otech consulting GR	OUP, INC.							
Principal Place	e of Business	Mailing Address							
850 N.W. 122NE		850 NW 122ND AVE							
MIAMI FL 33182 MIAMI FL 33182						DO NOT WRITE IN THE	e edace		
us us						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
	•					06/17/1992			}
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied	For
21 26						65-0342367	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.			1277		***	5. Certificate of Status Desired	\$8.75 Additional		
27						5. Certificate bi Status Desired	Fee	Require	d
City & Stat	e	City & State				6. Election Campaign Financing	•	00 мау	
23	28					Trust Fund Contribution		ed to Fe	es
Zip	Country Zip			ntry		8. This corporation owes the current year Intangible Personal Property Tax			
24	25 Supra	29	30	1		Personal Property Tax. 10. Name and Address of New Registere		<u> </u>	
· · · ·	g. Name and Address of Curr	ent Registered Agent		81	Name	10. Hanne and Address of Herr registers			
GAR	CIA, CARLOS M							_	
850 NW 122ND AVE				82	Street Add	dress (P.O. Box Number is Not Acceptable)			ļ
	AI FL 33182			83					
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
				84	City	F	85 2	Zip Code	ĺ
office or r	egistered agent, or both, in the Sta im familiar with, and accept the obli	ite of Florida, Such change wa igations of, Section 607.0505,	Florida Stat	o by utes	tne corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing ointment a	g its regis s register	red
40	Signature, typed or printed name of registered a	AND DIRECTORS	13.	Ayen	it agrature requi	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS I	N 12
12. TITLE	р			TLE			Char] Addition
NAME	GARCIA, CARLOS M		1.2 N	1.2 NAME					
STREET ADDRESS	850 NW 122ND AVE		1.3 \$	REET	ADDRESS				Ì
CITY-ST-ZIP	MIAMI FL		1.4 C	TY-S	T-ZIP				
TITLE			2.1 17	2.1 TITLE			☐ Char	nge 🗀] Addition
NAME	1		2.2 N	2.2 NAME		•			{
STREET ADDRESS			2.3 8	TREET	T ADDRESS				Í
CITY-ST-ZIP				ITY-S	ST-ZIP				
TITLE	☐ DELETE		3.1 TI	3.1 TITLE			Chai	nge [] Addition
NAME			3.2 N	AME	ļ				j
STREET ADDRESS			3.3 S	TREET	TADDRESS				}
CITY-ST-ZIP					ST-ZIP				Addition
TITLE		☐ DELETE	l				☐ Cha	iiAa j	 עממוומנו
NAME			4.21						1
STREET ADDRESS					TADDRESS				1
CITY-ST-ZIP		ET DELETE		TY-S	T- ZIP		☐ Cha	nge [Addition
TITLE		☐ DELETE	5.1 TI 5.2 N		1			.g- L	
NAME			4		T ADDRESS				
STREET ADDRESS				TY-S					
CITY-\$1-ZIP				TLE	1-21/		☐ Cha	nge F	Addition
TIFLE			6.2 N					_	_
NAME					T ADDRESS				
STREET ADDRESS				6.4 CITY-ST-ZIP					İ
CITY-ST-ZIP	1								

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, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90027 032 ***150.00