

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
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90007 018 ***150.00

DOCUMENT # P94000003044 (2)

1. Corporation Name

O.K.D. MANAGEMENT CONSULTING, INC.

Principal Place of Business

6175 N.W. 153rd St.

Suite 215

Miami Lakes, FL 33014

US

Mailing Address

6175 N.W. 153rd St.

Suite 215

Miami Lakes, FL 33014

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1994

4. FEI Number

65-0465743

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 6175 N.W. 153rd St.

Suite, Apt. #, etc.

22 Suite 312

City & State

23 Miami Lakes, FL

24 33014

25 US

2a. Mailing Address

26 6175 N.W. 153rd St.

Suite, Apt. #, etc.

27 Suite 312

City & State

28 Miami Lakes, FL

29 33014

30 US

9. Name and Address of Current Registered Agent

Evans, Sheldon P.A.

6175 N.W. 153rd St.

Suite 215

Miami Lakes, FL 33014

10. Name and Address of New Registered Agent

81 Name Evans, Sheldon P.A.

82 Street Address (P.O. Box Number is Not Acceptable)
6175 N.W. 153rd St.

83 Suite 312

84 City Miami Lakes, FL 85 Zip Code 33014

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

Sheldon Evans SHELDON EVANS as Registered Agent

4/27/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PVP ☐ DELETE
NAME El Dada, Omar
STREET ADDRESS 6175 N.W. 153rd St., Ste. 215
CITY-ST-ZIP Miami Lakes, FL 33014

TITLE ST ☐ DELETE
NAME El Dada, Omar
STREET ADDRESS 6175 N.W. 153rd St., Ste. 215
CITY-ST-ZIP Miami Lakes, FL 33014

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVP ☒ Change ☐ Addition
1.2 NAME El Dada, Omar
1.3 STREET ADDRESS 6175 N.W. 153rd St., Ste. 312
1.4 CITY-ST-ZIP Miami Lakes, FL 33014

2.1 TITLE ST ☐ Change ☐ Addition
2.2 NAME El Dada, Omar
2.3 STREET ADDRESS 6175 N.W. 153rd St., Ste. 312
2.4 CITY-ST-ZIP Miami Lakes, FL 33014

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

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

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

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OMAR EL DADA, PRESIDENT

4/4/99

Date

Daytime Phone #

CR2E034 (11/98)