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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000068070 (8)  
1. Corporation Name  
MIA CONSULTING GROUP, INC.



Principal Place of Business: 5208 ALTON ROAD MIAMI BEACH FL 33140  
Mailing Address: 5208 ALTON ROAD MIAMI BEACH FL 33140-2005

3. Date Incorporated or Qualified: 09/01/1995  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 65-0618537  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: MIDSTATE LEGAL SUPPLY CORP. 4433 OLD WINTER GARDEN RD. ORLANDO FL 32811

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE <input type="checkbox"/>
NAME	RAMIREZ, JOSEFINA R	
STREET ADDRESS	5208 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	CONCEPCION T. BRETOS	
1.3 STREET ADDRESS	5208 ALTON ROAD	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33140	
2.1 TITLE	SECRETARY	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME	GEMA HERNANDEZ	
2.3 STREET ADDRESS	5208 ALTON ROAD	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33140	
3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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\*\*\*\*165.00 \*\*\*\*165.00

8/28/14

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 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, changed or on an attached sheet with an address.

SIGNATURE: \_\_\_\_\_

CR2E034 (9/96)