

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90229 018 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000053907**

1. Corporation Name  
**STRATEGIC CONSULTING GROUP, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 5960 SW 57TH AVE  
 MIAMI FL 33143  
 US

Mailing Address  
 5960 SW 57TH AVE  
 MIAMI FL 33143  
 US

3. Date Incorporated or Qualified  
**06/24/1996**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

4. FEI Number  
**65-0685151**

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 tangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SC HREIBER, GERHARDT A ESQ.  
 893 SOUTH DIXIE HIGHWAY  
 CORAL GABLES FL 33146

81 **Gerhardt A. Schreiber**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**PIKE POWER - 2222 PONCE DE LEON BLD.**  
 83 **PENTHOUSE SUITE**  
 84 City **CORAL GABLES** FL 85 Zip Code **33134**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P AVINO, JOAQUIN G</b>	1.2 NAME	
STREET ADDRESS	<b>5960 S.W. 57TH AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP ALVAREZ, JULIO E</b>	2.2 NAME	
STREET ADDRESS	<b>5960 S.W. 57TH AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ST WOLFBERG, DAVID A</b>	3.2 NAME	
STREET ADDRESS	<b>5960 S.W. 57TH AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Joaquin G. Avino*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.22.99 (205) 666-5474  
 Date Daytime Phone #

CR2E034 (11/98)