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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600083891 (7)

VERDEJA & GRAVIER MANAGEMENT & CONSULTING INC.

Principal Place of Business

Mailing Address

FILED May 11 1998 8:00am Secretary of State



Principal Place	e or eusiness	Mailing Address		i	
	E LEON BLVD. SUITE 501	999 PONCE DE LEON BLY			
CORAL GABLES FL 33134 CORAL GABLES FL 33134			,	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	31 AGE
				,	
5 B 3 3 3 3 3 3	L(D	To the State Address	 	10/07/1996 4. FE! Number	A C F
	lace of Business	2a. Mailing Address	1		Applied For
	hambra Cir	26 150 Alham	bra Civ	<u>65-0699465</u>	Not Applicable
Suite, Apt.	#, etc. TOO	Suite, Apt. #, etc.	00	5. Certificate of Status Desired	\$8.75 Additional : Fee Required
City & State		City & State		C Floation Compaign Figureins	\$5.00 May Be
23 Cora	l Gublos, FL	28 Coval Gol	alos, FC	Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	
24 33 13 ⁽	1 25 U.S.A.		30 V. 5. /-\ .	Personal Property Tax due June 30.	∐ Yes ∐ No
	9. Name and Address of Curren	Registered Agent		10. Name and Address of New Registered	Agent
VEF	RD e ja, mike		81 Name		
AND DENOT DE LEGAL DUMS CHIEFE FOR				Address (F.O. Box Number is Not Acceptable)	
	RAL GABLES FL 33134			(To portion to the hooping of	
			83		
			84 City	FI	85 Zip Code
11. Pursuant t	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statute	es, the above-named of	corporation submits this statement for the purpose	of changing its registered
office or re	egistered agent, or both, in the State.	of Florida. Such change was a	athorized by the corp	oration's board of directors. I hereby accept the ap	pointment as registered
agent. I ai	m familiar with, and accept the obliga	tions of, Section 607.0505, Fig.	orida Statutes.		
SIGNATURE		AICME	Registered Agent signature i	equired when reinstalling) DATE	· · · · · · · · · · · · · · · · · · ·
12.	Stgnature, typic diociprinted name of registered ager OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	D	Change Addition
	Verdeja, mike	_ state	1.2 NAME		
NAME		CLUTE EAS		Vardeja, Mike 150 Alhambra Cir	
STREET ADDRESS	999 PONCE DE LEON BLVD,	SUITE 301	1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134	DELETE	1.4 C(TY-ST-Z)P	coral Gables, FL 33134	Change Addition
TITLE		☐ DELETE	21 TITLE		Cuange Magnion
NAME			22 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 City-St-ZiP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STHEET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			52 NAME		
- 1					
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP		Deter	5 4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	61 THILE		Change Addition
NAME			62 NAME		
			A C CIPELL ADDDECC		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statules. I further of	

4. 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 true to principle of the 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.

//// 11

(305)446-317