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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 22 1998 8:00am

Secretary of State

Change

Change

Change

Addition

Addition

Addition

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000022941 (3)

C.B.G & B CONSULTING, INC.

Principal Place of Business Mailing Address 999 PONCE DE LEON BLVD 999 PONCE DE LEON BLVD **SUITE 1110** SUITE 1110 **CORAL GABLES FL 33134** DO NOT WRITE IN THIS SPACE **CORAL GABLES FL 33134** 3. Date Incorporated or Qualified 03/13/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For *45-0738283* Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 **™** No 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TRIAY, CARLOS A 999 PONCE DE LEON BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1110** в3 **CORAL GABLES FL 33134** 84 City 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** signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE President ☐ Change X Addition BELLO: GUILLERMO C NAME 1.2 NAME B. CANDACE CANCIO Bello 999 PONCE DE LEON BLVD, GUITE 1110 STREET ADORESS 1.3 STREET ADDRESS 999 Ponce De Leon Blug CORAL GABLES FL 83184-CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE BELLO, BETHANY ANN C NAME 22 NAME 999 PONCE DE LEON BLVD, SUITE 1110 STREET ADDRESS 2 3 STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition

City-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 recoiver 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 chapped,

3.2 NAME

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP