05-04-1999 90136 009 \*\*\*150.00

` 4 LEKKINEK KIR KRIKE EKIKE BAKKI BAKKI BOKKI BONK BONA KRIKE KRIKE KORKA KIRIK BOKKI ALIKI 1881 (BAKKI 1881)

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000087207

1. Corporation Name

GREENBERG TRAURIG CONSULTING, INC.

										<b>C</b> ()  <b>(B)</b> (
Principal Place of Business Mailing Address							1 (201300) 110 1011 01(1) 00(1) 00111 00111	,, ,,,,,,,,,,		
1221 BRICKELL AVENUE 1221 BRICKELL AVENUE										
SUITE 2100			SUITE 2100				DO NOT WRITE IN THIS SPACE			
MIAMI FL 33131 MIAMI FL 33131							3. Date Incorporated or Qualifed			
							10/22/1996			
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number		App	lied For
21			26				65-07421 <u>26</u>	Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	•	-	dditional
22			7				J. Contract of Charles Doubles		ee Rec	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be			
23			Zip Country				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	30 Courtary			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				
24 25 29 29 9. Name and Address of Current Registered			stered Agent				10. Name and Address of New Registered Agent			
	5, Italine and Address of Oditi	one regio		_	81	Name				_
LOU	MIET, CARLOS E				82	Ctroot Ad	dress (P.O. Box Number is Not Acceptable)			
1221 BRICKELL AVENUE						Street Add	ess (P.O. Box Number is Not Acceptable)			
SUIT	E 2100				83					_
MIAN	/II FL 33131				84	Cibe		. 85	Zip C	ode
	•					City	F	L	·	
office or re agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Starn familiar with, and accept the obli	e of Florid	da. Such change was a	uinorized	1 DV	the corporat	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of chang ointmen	ing its i t as reg	egistered jistered
SIGNATURE	Signature, typed or printed name of registered a	gent and title	if applicable. (NOTE	Registered	Agen	it signature requi	rred when reinstating) DATE			
12.	OFFICERS /	AND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	D .		☐ DELETE	1.1 TI				∟∟	hange	, Addition
NAME	HOFFMAN, LARRY J			1.2 N						
STREET ADDRESS 1221 BRICKELL AVENUE, STE										
CITY-ST-ZIP	MIAMI FL 33131		☐ DELETE	1.4 CI		T-ZIP			hange	Addition
TITLE	D ALVARCZ OFCAR I			2.1 II 2.2 N						
NAME	alvarez, cesar l 1221 Brickell avenue, st	E 2100		- 1		T ADDRESS				•
STREET ADDRESS		E 2100	~			ST-ZIP				
CITY-ST-ZIP	MIAMI FL 33131		☐ DELETE	3.1 TI		1-20		c	hange	Addition
NAME	LOUMIET, CARLOS E			3.2 N	AME					Ť
STREET ADDRESS	1221 BRICKELL AVENUE, ST	E 2100		3.3 \$	TREET	T ADDRESS				!
CITY-ST-ZIP	MIAMI FL 33131			3.4. C	ΠY-S	ST-ZIP	<u> </u>			_
TITLE	D		☐ DELETE	4.1 Ti	TLE			□c	Change	Addition
NAME	LAUREDO, LUIS			4.2 N	AME					
STREET ADDRESS	1221 BRICKELL AVENUE, ST	E 2100		4.3 S	TREE	TADDRESS				
CITY-ST-ZIP	MIAMI FL 33131			4.4 C	TY-S	T-ZIP				
TITLE			☐ DELETE	5.1 TI					hange	☐ Addition
NAME				5.2 N						
STREET ADDRESS						T ADDRESS				
CITY-ST-ZIP				_		T- ZIP			·	
TITLE	•		☐ DELETE	6.1 TI				ПС	Change	☐ Addition
NAME				6.2 N						
STREET ADDRESS				6.3 S	TREET	TADDRESS				'

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 comporation or the receiver of meters empowered to execute this leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

Date Daytime Phone #