PROFIT CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCLIMENT #



04-22-1999 90138 005 \*\*\*150.00

 $\equiv 0.016$ 

Suits, Apt. #, etc.  27 27 28 27 City & State  City & Stat	CONSUL	TING SERVICES (	OF SOUTH FLORIDA	A, INC.						
MAME FL 33131  MAME FL 33175  MAME STREET ADDRESS  MAME STREET ADDRESS  MAME FL 33175  MAME STREET ADDRESS  MAME S	Principal Place	e of Business	•							
2. Principal Place of Business										
Sprincipal Piace of Business   2a. Mailing Address   3c. Mailing Address   4c. Fill Number   4c. Status Desired   Applied For   Not Applicable   Status Apt. 8, etc.   27   5c. Certificate of Status Desired   38,75 Acadionate   7ce Required   27   7c.   27   27   27   27   27   27   27   2	MIAMI FL 33131		MIAMI FL	MIAMI FL 33131			DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business   2a. Mating Address   4. FEI Number   4.65 - 0.8 3 5.08   Not Applicable for   Not		•					3. Date Incorporated or Qualif	ed		
Sulfa, Apt. 4, vic.							05/07/1998			
Sultin, Apl. 8, etc.    21	2. Principal P	tace of Business	2a. Mailir	ng Address					<u> </u>	
Suths, Apl. 8, etc.    Status	21		26				45-083	5508		
City & States	Suite, Apt.	#, etc.	<b>⊢</b> -¬	, Apt. #, etc.	···	_	- 5: Certificate of Status Desired	. 🗆 .		
Zip	<u> </u>	<del>-</del>		P. Cinto			a stanta Caracia Plancia			
Zip   Country   Zip   Country   Zip   Go   Sip	City & Stati	<u> </u>	<del></del>	a 2016				<u>.</u> D.		
AND THE POPULATION OF THE STATE AND DIRECTORS IN THE STREET ADDRESS OF AND DIRECTORS OF AND DIRECTORS OF AND DIRECTORS OF ADDRESS OF ADDRE	7in	Country			Country	у ,		urrent vear inta		<u></u>
9. Name and Address of Current Registered Agent  GARCIA, ANTONIO 3162 S.W. 141ST AVENUE MAMR FL 33135  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and are all an arrangement agent agent, and arrangement agent			· — ·		30	<del>-</del>	Personal Property Tax.		Yes Yes	□No
GARCIA, ANTONIO 3 162 S.W. 141ST AVENUE MIAMI FL 33135  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stitutes, the above-named corporation submits this statement for the purpose of changing is registered agent, a minimum with, and accept the collipations of, Section 607.0508, Florida Stitutes, the above-named corporation submits this statement for the purpose of changing is registered agent, I am familiar with, and accept the collipations of, Section 607.0508, Florida Stitutes, the above-named corporation submits this statement for the purpose of changing is registered agent, I am familiar with, and accept the collipations of, Section 607.0508, Florida Stitutes, and the section of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the collipations of, Section 607.0508, Florida Stitutes, and	<u></u>			Agent			10. Name and Address of Ne	w Registered A	Agent	
3162 S.W. 141ST AVENUE MAMN FL 33135  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above composition submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the exponitment as registered agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  QUITY ST. 2P  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD DELETE  1.1 TITLE  QARCIA, ANTONIO  1.2 STREET ADDRESS  OFFICERS AND DIRECTORS IN 12  TITLE  SD DELETE  1.1 TITLE  SD GARCIA, ELEEN  STREET ADDRESS  OFFICERS  AND STREET ADDRESS  OFFICERS  OFFICERS  AND STREET ADDRESS  OFFICERS  OFFICERS  OFFICERS  OFFICERS  AND STREET ADDRESS  OFFICERS  OFFICER		7		-	81	Name				
3162 S.W. 141ST AVENUE  MAMI FL 33135  B4 City  FL B5 Zip Code  11. Pursuant to the provisions of Sections 807.0502 and 607.1508, Florids Statutes, the above-named corporation submitts this statement for the purpose of changing its registered agent, or both, in the State of Florids, 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, Florids Statutes.  SIGNATURE  Stynation, type of private rams of registered agent and tisk i applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. City: 51.729  MAME  GARCIA, ANTONIO  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. City: 51.729  MAME  GARCIA, ANTONIO  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. City: 51.729  MAME  GARCIA, ANTONIO  15. MAME  15. TITLE  10. Change  Addition  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. Change  Addition  16. Change  Addition  17. Change  Addition  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. TITLE  19. Change  Addition  19. C			_		82	Street Add	Iress (P.O. Box Number is Not Acce	ptable)		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this atlatement 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 office or registered segment, are familier with, and accept the obligations of, Saction 607,0505, Plorida Statutes.  SIGNATURE  Speaker, type do private remy or registered remy or reministers.  12.								<u> </u>		
TI. 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 office or registered agent, and familiar with, and accept the obligations of, Section 607.0506, Florida Statutes, SIGNATURE  Signature, Typid or private remove of registered registered registered by the corporation's board of directors. I hereby accept the appointment as registered re	MAN	AI FL 33135			83	3]				
11. Pursuant to the provisions of Sections 507.0502 and 607.1508, Florids 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 and accept the obligations of, Saction 607.0505, Florida Statutes.  SIGNATURE  SUPPLIES AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILE PD DELETE 11 TILE Change Addition of Addition to Addition the Addition of Addition to Addit					84	City			85 Zip C	ode
SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PD					1			PL		}
ITILE   GARCIA, ANTONIO   12 NAME   13 STREET ADDRESS   CTY-ST-ZP   MIAMI FL 33175   TILE   Change   Addition   CTY-ST-ZP   MIAMI FL 33175   TILE   Change   Addition   CTY-ST-ZP   TILE   Change   Addition   CTY-ST-ZP   CTY			•						changing its itment as reg	registered jistered
STREET ADDRESS STREET	SIGNATURE	Signature, typed or printed name	of registered agent and title it applical	110M) (NOT)	E: Registered Age	ant algorature require	ed when reinstating)	DATE	DIRECTO	RS IN 12
TITLE SD DELETE 2.1 TITLE Change Addition  AMAME GARCIA, ELEEN 2.2 NAME  STREET ADDRESS 3162 S.W. 141 AVE. 2.3 STREET ADDRESS  CITY-ST-ZP -MIAMI FL 33175	SIGNATURE	Signature, typed or printed name O	of registered agent and title it applical	110M) (NOT)	13.	ant signature require	ed when reinstating)	DATE	DIRECTO	
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TITLE   Change   Addition	SIGNATURE  12.  111LE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PD GARCIA, ANTONIO 3162 S.W. 141 AVE MIAMI FL 33175 SD GARCIA, EILEEN 3162 S.W. 141 AVE MIAMI FL 33175	of registered agent and title it applicates. FICERS AND DIRECTOR	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ed when reinstating)	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
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Indicated on this annual report or supplemental annual report is two 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.