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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MENT # 496313 ER CONSULTANTS, INC.	(8)					
Principal Place of Business 823 PALERMO AVE. CORAL GABLES FL 33134		Mailing Address 823 PALERMO AVE. CORAL GABLES FL 33134-4847			(19)1 91 911 91911 91911	110H 1801	
						. Date of Last R 03/14/1996	eport
	Place of Business NW 74 AVE.	2a. Mailing Address			4. FEI Number 59-1664330	AF	plied For
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional	
City & Stat		City & State		6. Election Campaign Financing	Fee Re \$5.00	May Be	
23 MIAMI, FC Zip Zip Zip Zip Zip Zip Zip Zi		Zip Country		,	Trust Fund Contribution B. This corporation has liability for intangent of the corporation of the corporati	Added :	
24 337.	2 Z 25 JAJE 9. Name and Address of Curren	29 30 30 Bagistered Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent		
BRU	INNER, HORST		81	Name	TO, TOURS OF THE TOURS		
823	PALERMO AVENUE		82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
COF	RAL GABLES FL 33134		83	<u> </u>			·····
			83				
			84	City		EL 85 Zip	Code
11. Pursuant office or ragent it a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligi	2 and 607.1508, Florida Statut of Florida. Such change was a ations of, Section 607.0505, Fl	es, the abov authorized b orida Statute	e-named co y the corpor s.	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing it appointment as	s registered registered
12,	Signature, typed or printed name of registered age OFFICERS AN	· · · · · · · · · · · · · · · · · · ·	E Registered Ag	ent signature rec	quired when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	TE AND DIRECTOR	S IN 12
Tille	PD DELETE		1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
NAME	BRUNNER, HORST		1.2 NAME				
STREET ADDRESS	823 PALERMO AVE.	1.3 STREET ADDRESS		r address			
CITY - ST - ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP			Changa	Addition
TITLE NAME	BRUNNER, AIXA		2.1 TITLE 2.2 NAME			L. Change	C MODITION
STREET ADDRESS	823 PALERMO AVE.		2.3 STREET ADDRESS		•		
CITY-SI-ZIF	CORAL GABLES FL		2. 4 CITY -	ST - ZIP			
THREE	-		3.1 TITLE			Change	Addition
NAME	000 DALFONO ALF		3.2 NAME				
STREET ADDRESS City-St-Zip	CODAL CADICO EL		3.4 CITY	ADDRESS			
TILE			4.1 TITLE	31-2IF		☐ Change	Addition
NAM:		4, 2 h					
STREET ADDRESS			4.3 STREE	T ADDRESS			
CHY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE	DELETE 5.1 T		5.1 TITLE		- · · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME	5.2		5.2 NAME				
STREET ADDRESS				1 ADDRESS			
CITY-ST-7iP		DELETE	5.4 CiTY-	ST - ZIP		Change	Addition
THILF NAME		F" DETCIE	6.1 TITLE 6.2 NAME			FT CHANGE	CT MODITION
STREEL ADDRESS				T ADDRESS			
City - St - ZiP			6.4 CITY-	ļ.			
200							

14. I do 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 granged, or on an attachment with an address.

SIGNATURE:

HORST BRUNNER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 10 1997 8:00am

Secretary of State

305-592-2941

Daytinie Phone #