

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 691418 (8)

1. Corporation Name
TRIANGLE CONSULTING SERVICES, INC.

Principal Place of Business
300 SEVILLA AVENUE, SUITE 311
CORAL GABLES FL 33134

Mailing Address
300 SEVILLA AVENUE, SUITE 311
CORAL GABLES FL 33134-0633



2. Principal Place of Business 21 5300 NW 33rd AVE Suite, Apt. #, etc. 22 Ste. 215 City & State 23 FORT LAUDERDALE, FL Zip 24 33309 Country 25 USA		2a. Mailing Address 26 5300 NW 33rd AVE. Suite, Apt. #, etc. 27 Ste. 215 City & State 28 FORT LAUDERDALE, FL Zip 29 33309 Country 30 USA		3. Date Incorporated or Qualified 06/23/1981		3a. Date of Last Report 05/01/1996	
				4. FEI Number 59-2214575		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

BERNARD, MICHAEL D
300 SEVILLA AVE
SUITE 311
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name BERNARD, MICHAEL D.
82 Street Address (P.O. Box Number is Not Acceptable)
5300 NW 33rd AVE
83 SUITE 215
84 City FORT LAUDERDALE FL 85 Zip Code 33309

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

Michael D. Bernard
Signature, typed or printed name of registered agent and title if applicable

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4-28-97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERNARD, MICHAEL D.		1.2 NAME BERNARD, MICHAEL D.	
STREET ADDRESS 300 SEVILLA AVE #311		1.3 STREET ADDRESS 5300 NW 33rd Avenue #215	
CITY-ST-ZIP CORAL GABLES FL		1.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33309	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERNARD, RICHARD P.		2.2 NAME	
STREET ADDRESS 300 SEVILLA AVENUE, #311		2.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 changed, on an attachment with an address.

SIGNATURE

Michael D. Bernard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4-28-97

Date

Daytime Phone #

0182943

CR2E034 (9/96)