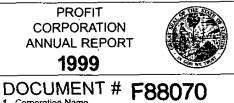
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 04, 1999 8:00 am Secretary of State

05-04-1999 90206 044 ***150.00

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| RT CON | SULTANTS, INC. | | | | | | | | |
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| | | 11-00- A A | | | | DII ADDI AMARI DI | | IRII BIBII BIBI | |
| Principal Place | | Mailing Address | | | | | | | |
| 285 SHORE DRIVE EAST 285 SHORE DRIVE EAST MIAMI FL 33133-2623 MIAMI FL 33133-2623 | | | | | | | | | |
| WILLIAM FE GOTGE | 2 2020 | | | | - DO NOT WRI | TE IN THIS | SPACE | _ | |
| | | v = | | | 3. Date Incorporated or Qualifed | | | | |
| | | | | _ | 07/01/1982 4. FEI Number | | | Applied F | or |
| | lace of Business | 2a. Mailing Address | | | 65-0135859 | | \vdash | Not Applie | |
| Suite, Apt. | # atc | Suite, Apt. #, etc. | | | | | \$8.7 | 5 Addition | |
| 22 | #, etc. | 27 | | | 5. Certifcate of Status Desired | | | Required | , |
| City & State | 9 | City & State | | | 6. Election Campaign Financing | | \$5. | 00 May B | e e |
| 23 | | 28 | | | Trust Fund Contribution | | | led to Fees | |
| Zip | Country | Zip | Country | / | 8. This corporation owes the curr | ent year Inta | | / | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | | ☐ Yes | | |
| | 9. Name and Address of Curre | nt Registered Agent | | 1 11 | 10. Name and Address of New I | Registered / | agent | | |
| TOF | HOLE TORET | | 81 | Name | | | | | |
| | MOLS, JOSE 1 IS W 49TH ST | | 82 | Street A | ddress (P.O. Box Number is Not Accept | able) | | | |
| | MI FL 33155 | | 83 | | | | | | |
| 1418-22 | 11.15.20.120 | | 03 | `] | | | | | |
| | | | 84 | City | | FL | 85 | Zip Code | |
| | | | | | | | | | ! |
| 11. 2 | | 00 d COZ 4EOR Florida Ctotute | a iba abau | e comed c | compration submite this statement for the | | chandin | a its realsie | ered |
| office or c | edistered agent or both in the State | ant Fiorida. Such change was al | utnonzea by | the corboi | corporation submits this statement for the ration's board of directors. I hereby acce | pt the appoir | changin ntment a | g its registe is registere | ered ed |
| office or c | to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig | ant Fiorida. Such change was al | utnonzea by | the corboi | corporation submits this statement for the ration's board of directors. I hereby acce | pt the appoir | changin atment a | g its registere is registere | ered ed |
| office or c | registered agent, or both, in the State im familiar with, and accept the oblig | at Florida. Such change was all ations of, Section 607.0505, Flor | rida Statutes | the corpor | ration's board of directors. Thereby acce | pt the appoir | changin atment a | g its registere | ered ed |
| office or r agent. I a | registered agent, or both, in the State rm familiar with, and accept the oblig. Signature, typed or printed name of registered agents. | at Florida. Such change was all ations of, Section 607.0505, Flor | rida Statutes | the corpor | corporation submits this statement for the ration's board of directors. I hereby acce quired when reinstating) ADDITIONS/CHANGES TO OF | DATE | | CTORS IN | 12 |
| office or r agent. I a SIGNATURE | registered agent, or both, in the State rm familiar with, and accept the oblig. Signature, typed or printed name of registered agents. | ations of, Section 607.0505, Florent and title if applicable. (NOTE: | rida Statutes | the corpor | quired when reinstating) | DATE | | CTORS IN | |
| office or r agent. I a SIGNATURE | registered agent, or both, in the State rm familiar with, and accept the oblig. Signature, typed or printed name of registered age. OFFICERS A | ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS | rida Statutes Registered Age | the corpor | quired when reinstating) | DATE | D DIRE | CTORS IN | 12 |
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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 corporation or the receiver or trustee empowered of 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.

SIGNATURE

IG OFFICER OR DIRECTOR