

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F98000005217**

Corporation Name  
**CONSOLIDATED SUPPORT SERVICES, INC.**

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**

09-07-1999 90003 032 \*\*\*550.00

012034 - 90003 - 32



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**NW 107TH AVENUE  
MIAMI FL 33172**

Mailing Address  
**700 NW 107TH AVENUE  
MIAMI FL 33172**

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

29

Zip

Country

30

3. Date Incorporated or Qualified

**09/17/1998**

4. FEI Number

**94-3300205**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UCC FILING & SEARCH SERVICES  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301-2551**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ET ADDRESS	PVC SANCHEZ-JAIMES, JONATHAN 700 NW 107TH AVENUE MIAMI FL 33172	<input type="checkbox"/> DELETE
ET ADDRESS	V PEREZ, ALFREDO 700 NW 107TH AVENUE MIAMI FL 33172	<input type="checkbox"/> DELETE
ET ADDRESS	V SANCHEZ, VIMAN 700 NW 107TH AVENUE MIAMI FL 33172	<input type="checkbox"/> DELETE
ET ADDRESS	S VASQUEZ, CARLOS E 700 NW 107TH AVENUE MIAMI FL 33172	<input type="checkbox"/> DELETE
ET ADDRESS	T STAINES, PAUL 700 NW 107TH AVENUE MIAMI FL 33172	<input checked="" type="checkbox"/> DELETE
ET ADDRESS	C PARTRIDGE, JAMES F 700 NW 107TH AVENUE MIAMI FL 33172	<input type="checkbox"/> DELETE

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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**T BENITEZ, SONIA**  
**700 NW 107 AVENUE**  
**MIAMI, FL 33172**

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 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.

SIGNATURE:

**CARLOS E. VASQUEZ** 14 July 1999 305 229-4780

CR2E034 (5/99)