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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 09 1998 8:00am Secretary of State

DOCUN 1. Corporation CRISC	MENT # G0695 ARD CONSULTANTS, INC.	6	(8)									
Principal Place	of Business	Mail	ing Address					- 1 1601111 0412 6140 014		O DANA BIDAN DI	BIL GIBII BIBIC B	(#KL BIBIL 1881
1901 BRICKE	ELL AVE.	1	901 BRICKELL AVENI	UE								
B-413 Miami FL 33129		B-413					DO NOT WRITE IN THIS SPACE					
MIPMI PL 33	ii G	M U	IIAMI FL 33129 S					3. Date Incorporated or		2 11 11 110		
1		_						11/02/1982				
2. Principal Pla	ace of Business	2a. N	Mailing Address					4. FEI Number			Ar	oplied For
21		26						65-0107712			No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc						5. Certificate of Status D	esired	Ø		Additional
City & State			City & State					A Flores O consists F				equired
City & State		28						6. Election Campaign Fit Trust Fund Contribution	•	П	\$5.00 Added	
Zip	Country		'ip	T	Country	,		8. This corporation owes		=		
24	25	29		30				Personal Property Tax		4		] No
	9, Name and Address of Current	Registe	red Agent					10. Name and Address	of New R	egistered	Agent	
DE	E CARDENAS, CRISTINA				81	Name	•					
19	01 BRICKELL AVENUE, #B413				82	Street	Addre	ess (P.O. Box Number is No	t Accepta	ible)		
ML	AMI FL 33129					ļ						
					83							
					84	City				FL	<b>85</b> Zip	Code
office or reagent. I am	gistered agent, or both, in the State of nazyriar with, and accept the obligate state of repetitive types or product agent of repetitive types OF FIGERS AND	tions of S	Section 607.0505, FI	lorida TE Rec	Statute	s. <b>##</b> }≤ -	- 67	on's board of directors. I he	633	DATE		
TITLE	PD				1 1 TITLE		$T^{T}$		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
NAME	DE CARDENAS, CRISTINA				1.2 NAME							
STREET ADDRESS	1901 BRICKELL AVENUE, #E	B-413			1.3 STREE	ADDRESS	İ					
City-St-ZIP	MIAMI FL				1.4 CITY-5	ST-ZIP						
TOTLE	\$T	ALLA,CRISTINA ANA 2		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS						☐ Change	Addition	
NAME	FALLA, CRISTINA ANA											
STREET ADDRESS	2161 SW 13 ST					1						
CITY-ST-ZIP	MIAM) FL		Decree	_	2. 4 CITY -	ST-ZIP						[**] 4.44%;
TITLE				3.1 TITLE						Change	Modition	
NAME OTREET ADDRESS			3.2 NAME	Abbarea								
STREET ADDRESS				- 1		ADDRESS						
CITY-ST-ZIP TITLE			DELETE		3.4. CITY- 4.1 TITLE	21-715	<del> </del>				Change	Addition
NAME !			the Determinant		4. 2 NAME		1					
STREET ADDRESS						ADDRESS						
CATY-ST-ZIP					4.4 CHY-							
TITLE			5.1 TITLE		+-				Change	Addition		
*****			L DELETE									
NAME			☐ DELETE		5.2 NAME							_
			L DELETE	ı	5.2 NAME	ADDRESS						_
NAME				I	5.2 NAME							
NAME STREET ADDRESS			DELETE		5.2 NAME 5.3 STREET		-	3 10 10 20			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					5.2 NAME 5.3 STREET 5.4 CITY - 5							Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE				_	5.2 NAME 5.3 STREE 5.4 CITY - 5 6.1 TITLE 6.2 NAME							Addition

nual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ant with an address. (305)

3/31/98-285-1304