

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G88669 (8)
 1. Corporation Name
MIAMI LAKES CONSULTING CORP.



Principal Place of Business % ALFRED E. BATTAGLIOLA 6175 NW 153RD ST., SUITE 307 MIAMI LAKES FL 33014	Mailing Address % ALFRED E. BATTAGLIOLA 6175 NW 153RD ST., SUITE 307 MIAMI LAKES FL 33014-2485
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2. Principal Place of Business 21 9171D S.W. 22ND ST Suite, Apt. #, etc. 22 SUITE D City & State 23 BOCA RATON, FL. Zip 24 33428		2a. Mailing Address 26 P.O. Box 970367 Suite, Apt. #, etc. 27 City & State 28 BOCA RATON, FL. Zip 29 33497-0367		3. Date Incorporated or Qualified 03/05/1984		3a. Date of Last Report 05/01/1996	
		4. FEI Number 59-2372103		Applied For <input type="checkbox"/> 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			
		7. 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 BATTAGLIOLA, ALFRED E 6175 NW 153RD ST SUITE 307 MIAMI LAKES FL 33014				10. Name and Address of New Registered Agent 81 Name ALFRED E. BATTAGLIOLA 82 Street Address (P.O. Box Number is Not Acceptable) 8640 VIA REALE DR 83 SUITE #3 84 City BOCA RATON FL 85 Zip Code 33434			
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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: *Alfred E. Battagliola* DATE: **4-12-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BATTAGLIOLA, NICOLETTA			1.2 NAME			
STREET ADDRESS	9177D SW 22ND ST			1.3 STREET ADDRESS	8640 VIA REALE DR. #3		
CITY- ST- ZIP	BOCA RATON FL			1.4 CITY- ST- ZIP	BOCA RATON, FL. 33434		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BATTAGLIOLA, ALFRED E			2.2 NAME			
STREET ADDRESS	9177D SW 22ND ST			2.3 STREET ADDRESS	8640 VIA REALE DR. #3		
CITY- ST- ZIP	BOCA RATON FL			2.4 CITY- ST- ZIP	BOCA RATON, FL. 33434		
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, or on an attachment with an address.

SIGNATURE: *Alfred E. Battagliola* DATE: **4-12-97** **501**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ALFRED E. BATTAGLIOLA** **PP3-0P33**
 Daytime Phone: **0120371**

CR2E034 (9/96)