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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J08725 1. Corporation Name

M.I.S. CONSULTING & SALES CORP.

Principal Plac	e of Business	Maifing Address			- 1 1887118 8115 80181 8111 8111 8111 8111	i Bigii gigit gigit gigit g	
1460 SHORELINE WAY 1460 SHORELINE WAY							
HOLLYWOOD FL 33019 HOLLYWOOD FL 33019							
US US				DO NOT WRITE IN	THIS SPACE	, .,	
					3. Date Incorporated or Qualifed		
					04/11/1986		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-2660602		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75,A	Additional
22		27					
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	
23	Oneman	28	0		Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye		Пм.
24	25	29 3	10		Personal Property Tax. 10. Name and Address of New Regist		□No
•	. 9. Name and Address of Curren	it Registered Agent	81	Name	10. Name and Address of New Regist	tered Agent	
SIME	ES, MARVIN		"	1 valle			
1460 SHORELINE WAY			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
HOL	LYWOOD FL 33019		83		8 8 8 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8	rent and entry in	organismos No esta com
			63				
			84	City		FL 85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the above-r	named corpor	ration submits this statement for the purpo	se of changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was auti	horized by the	e corporation	's board of directors. I hereby accept the	appointment as reg	gistered
	in lawillar with, and accept the obliga	dona or, decilor cor.coda, rioria	an Otalules.				*-
SIGNATURE							
O/O/O/C/C/C/C	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	egistered Agent si	ignature required v	when reinstating) DA	ite	
12.		nt and title if applicable. (NOTE: Ri	egistered Agent si	ignature required v	when reinstating) DA ADDITIONS/CHANGES TO OFFICER		RS 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

3059351171

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90064 017 ***150.00