

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J75283 (8)

1. Corporation Name  
CONSURAM, INC.



Principal Place of Business  
16433 NE 26 AVENUE  
SUITE 1115  
NORTH MIAMI BEACH FL 33160  
US

Mailing Address  
16345 WEST DIXIE HWY  
SUITE 1115  
N.MIAMI BCH. FL 33160

3. Date Incorporated or Qualified 05/28/1987  
3a. Date of Last Report 04/18/1995

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 33160 25  
2a. Mailing Address  
26 16433 NE 26 Ave.  
27 Suite, Apt. #, etc.  
28 N. Miami Beach, FL  
29 33160 30 USA

4. FEI Number 59-2823210  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAEFE, CARL W.  
16433 N.E. 26 AVE.  
N.MIAMI BCH. FL 33160

81 Name RAMONA B. GRAEFE  
82 Street Address (P.O. Box Number is Not Acceptable)  
16433 NE 26 AVE.  
83  
84 City N. MIAMI BEACH, FL 85 Zip Code 33160

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: Ramona B. Graefe 05/09/96  
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PTD	GRAEFE, CARL W.	16433 N.E. 26 AVE.	N.MIAMI BCH. FL	<input type="checkbox"/>
VSD	GRAEFE, RAMONA B.	16433 N.E. 26 AVE.	N.MIAMI BCH. FL	<input type="checkbox"/>
D	HERNANDEZ, ALEJANDRO, J.	16433 N.E. 26TH AVE.	N. MIAMI BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VTD				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PSD				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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-05/22/96--01021--032  
\*\*\*200.00

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Ramona B. Graefe 04/26/96 (305) 949-6351  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #

CR2E034 (12/95)