SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 19 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO HEMSTATE: \$376.) **PROFIT** FLORIDA DEFARTMENT OF STATE CORPORATION Sandra B. Mortham 96 HOV -7 PH 12: 01 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 ECRETARY OF STATEA DOCUMENT # K29392 (3)UPDATE CONSULTANTS, INC. Principal Place of Business Mailing Address POST OFFICE BOX 450677 POST OFFICE BOX 450677 1401 WEST FLAGLER ST., SUITE 201 1401 WEST FLAGLER ST., SUITE 201 MIAM FL 33245 MAMI FL 33245 3. Date Incorporated or Qualified 3a. Date on 07/25/1988 03/10/1995 2. Principal Place of Business 21 IS9 Shore DA Mailing Address 4. FEI Number Applied For 450677 65-0178530 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired V Fee Required 22 27 ty & State City State 6. Election Campaign Financing \$5.00 May Be Miami TIPMI Trust Fund Contribution Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032, Yes 📜 No <u>که طو</u> Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 insilio PEREZ, VIRGILIO 1401 WEST FLAGLER ST. 22 Street Address (P.O. Box Number is Not Acceptable) STE. #201 83 Shore Dr West MIAMI FL 33245 11. Pursuant to the pro of Sections 507,0502 and 607, 1508, Florida Statutins, the above-named corporation submits this statement for the purpose of changing its registered ate of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered digations of, Section 607,605, Florida Statutes. office or registered agent. I am familiar کم Vincilio Kerez SIGNATURE stered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 8 DELETE Change Addition TITLE PST 1.1 TITLE Viacilio PEREZ, VIRGILIO NAME 12 NAME Shoke 1401 WEST FLAGLER ST, STE 201 1.3 STREET ADDRESS STREET ADDRESS MAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ___ Change ___ Addition TITLE 2.1 TITLE 300002003983 NAME 22NAME -11/14/96--01009--014 STREET ADDRESS 2.3 STREET ADDRESS ****383.75 ****383.75 2.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TULE NAME 52 NAME 5 3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP® DELETE TITLE &1 TITLE Change Addition NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information further certify that the information indicate made under eath; that I am an effice that my name appears in Block 12 of the certification. this filing is voluntarily furnished and does not qualify for the exemption stated in Soction 119.07(3)(k), Florida Statutes. I annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if it is corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and range or on an attachment with an address. 305-158-1901 SIGNATURE: