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Amended
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # **K01756**
1. Corporation Name
MANAGEMENT Systems Consultants Inc.

Principal Place of Business Mailing Address
**P.O. Box 831793
Miami, FL 33183-1793**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **4-17-89** 3a. Date of Last Report **5-16-97**
4. FLL Number **650114413** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fec 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
**Hamid M. Gharagozloo
7925 SW 165 St.
Miami, FL 33157**

10. Name and Address of New Registered Agent

81 Name **Sharareh Afshari**
82 Street Address (P.O. Box Number is Not Acceptable) **2451 ~~BACKLIT~~ 7925 SW 165 St.**
83
84 City **Miami** FL 85 Zip Code **33157**

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, 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 duties of, section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NAME) Registered Agent Signature (required when not stating) DATE **(305) 233-5969**

12. OFFICERS AND DIRECTORS

TITLE	SHARAREH AFSHARI	<input type="checkbox"/> DELETE
NAME	SHARAREH AFSHARI	
STREET ADDRESS	7925 SW 165 ST	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **SHARAREH AFSHARI** Change Addition
12 NAME **7925 SW 165 St.**
13 STREET ADDRESS **Miami, FL 33157**
14 CITY-ST-ZIP **Miami, FL 33157** **P**
21 TITLE **Hamid M. Gharagozloo** Change Addition
22 NAME **7925 SW 165 St.**
23 STREET ADDRESS **Miami, FL 33157** **M**
24 CITY-ST-ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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*******61.25 *****61.25**

[Signature]
11/14/97

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, or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 (Block 13 if changed, or in an attachment with an address).

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE **11/10/97** (305) 233-5969 DAYTON E. THORNTON #

CR2E034 (9/96)