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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 28 Zip

24 Country 25 Country 29 Country 30 Country

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 BAKER ST~~ **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 NAME STREET ADDRESS CITY-ST-ZIP

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TITLE 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

21 TITLE **Hamid M. Gharagozloo** Change Addition

22 NAME **7925 SW 165 St.**

23 STREET ADDRESS **Miami, FL 33157**

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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[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 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

11/10/97 (305) 233-5969
Date Daytime Phone #

CR2E034 (9/96)