FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED PROFIT Apr 30 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8) CONSULTING GROUP INTERNATIONAL, INC. Principal Place of Business Mailing Address C/O JENS M. NIELSEN C/O JENS M. MELSEN **B32 E. PLANTATION CIRCLE B32 E. PLANTATION CIRCLE** DO NOT WRITE IN THIS SPACE **PLANTATION FL 33324 PLANTATION FL 33324** 3. Date Incorporated or Qualified 11/09/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0160073 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Country Z_{ip} 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo NIELSEN, JENS M. 832 E. PLANTATION CIRCLE **B2** Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City Zip Code 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 50gnature, type-dipic prodestinance of recovered agent and the of applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition NIELSEN, JENS M. NAME 832 E. PLANTATION CIRCLE STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition TITLE DELETE 2.1 TITLE NIELSEN, INGER M. NAME 22 NAME 832 E. PLANTATION CIRCLE STREET ADDRESS 23 STREET ADDRESS PLANTATION FL CITY - ST-ZIP 2. 4 CHTY - ST - ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP DELETE 41 TITLE Change Addition NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

 I hereby certify that the intindicated on this annual officer or director of the displace 12 or Block 13 if ct not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an allowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

5.4 CITY - ST - ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

JENS M NIEUSEN

954-472-4184

Change

Addition