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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1		# L6772 0 t consultants /		INC.						
Principal Place	o of Rusines	e	Mailing Address				{	HERIT SERVICE		igil oldir Hook
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630 HAMPTON LANE MIAMI FL 33149			630 HAMPTON LANE MIAMI FL 33149							
WILLIAM FE COI	70		MIRMI 1 C 00143				DO NOT WRI	TE IN THIS	SPACE	
							3. Date Incorporated or Qualifie			
							04/24/1990			
2. Principal Pl	lace of Busin	ness	2a. Mailing Addres	ss			4. FEI Number		A	applied For
21			26				65-0339458			lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				П	\$8.75	Additional	
22			27			5. Certificate of Status Desired		Fee F	Required	
City & State			City & State			6. Election Campaign Financing		\$5.00) May Be	
23	_		28				Trust Fund Contribution			to Fees
Zip		Country	Zip		Country	1	8. This corporation owes or has	paid the ci	urrent year Ir	ntangible
24		25	29	30	·]		Personal Property Tax due Ju	ne 30.	Yes	No
	9. Name	and Address of Current	Registered Agent				10. Name and Address of New	Registered	Agent	
DE	LA CAMAI	RA, ROSA M.			81	Name				
6161 BLUE LAGOON DRIVE #250					B2 Street Ac		dress (P.O. Box Number is Not Accept	tablai		
MLA	MI FL 331	26				Oli Oct Mac	TOUS (1.0. DOX NAMED) IS NOT NOT	uoic)		
					83					
					-	00			Tagli Ser	
					84	City			 85 Zip	Code
11. Pursuant t	o the provisi	ions of Sections 607.0502	and 607.1508. Florida	Statutes.	the above	,	rporation submits this statement for the	e purpose	of changing	its registered
SIGNATURE		ions of Sections 607.0502 ent, or both, in the State of th, and accept the obligat or printed name of registered agent				e-named cor the corpora	rporation submits this statement for thation's board of directors. I hereby accurring the directors of the d	e purpose copt the ap	of changing pointment as	its registered s registered
SIGNATURE			and tille if applicable DIRECTORS	(NO1E: Re		e-named cor the corpora		DA16		RS IN 12
SIGNATURE	Signature, typed	or printed name of registered agent OFFICERS AND	and title if applicable	(NO1E: Re	gistered Age	e-named cor the corpora	ired when reinstating)	DA16		
SIGNATURE	P DE LA C	or printed name of repotented agents OFFICERS AND CAMARA, FRANSICO	and tille if applicable DIRECTORS	(NO1E: Re	ngistered Age	e-named cor the corpora	ired when reinstating)	DA16	ID DIRECTO	RS IN 12
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14. Thereby 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 or Block 13 if changed, or on an attackment with an address.

(305)262-4433

FILED

Feb 04 1998 8:00am

Secretary of State