

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90188 008 \*\*\*150.00

DOCUMENT # M36217

1. Corporation Name  
MAI CONSULTING, INC.

Principal Place of Business  
GABLES WATERWAY EXEC CENTER  
2119-2121  
CORAL GABLES FL 33146-2936  
US

Mailing Address  
MAI CONSULTING  
P O BOX 144729  
CORAL GABLES FL 33114-4729  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1986

4. FEI Number

59-2710446

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Gables Waterway Exec Center  
Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 2120-2121  
City & State

28 City & State

23 Coral Gables, FL  
Zip Country

29 Zip Country

24 33146-2936 25 US

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
%HOLLAND & KNIGHT LLP  
701 BRICKELL AVE., SUITE 3000  
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code  
FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME YANES, JUAN A.  
STREET ADDRESS 1390 S. DIXIE HIGHWAY #2120  
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DM ☐ DELETE  
NAME YANES, JOSE M  
STREET ADDRESS 1390 S. DIXIE HWY. #2120  
CITY-ST-ZIP CORAL GABLES FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME YANES, ARMANDO R  
STREET ADDRESS 1390 S DIXIE HWY #2120  
CITY-ST-ZIP CORAL GABLES FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME VARGAS, JOSEFINA  
STREET ADDRESS 1390 S. DIXIE HWY.  
CITY-ST-ZIP CORAL GABLES FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Josefina Vargas, Corp. Secretary

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7/99

Date

305-665-2191

Daytime Phone #

0177042

CR2E034 (11/98)