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

DOCUMENT #

M60321

(0)

CONSULSERVE INC.

LIGHTON IN CONTRACTOR CONTRACTOR STATES AND A STATE BUILD BUILD OF STATES AND A STATE BUILD BUIL

FILED

May 14 1998 8:00am

Secretary of State

Display Disp	of Presions	Adollaro Address				
Principal Place of Business Mailing Address 189 LINCOLN RD. SUITE 325 MIAMI BEACH FL 33139 Miami BEACH FL 33139 Mailing Address 189 LINCOLN RD. SUITE 325 MIAMI BEACH FL 33139					DO NOT WRITE IN	N THIS SPACE
					 Date Incorporated or Qualified 10/06/1987 	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21			60094	5	65-0209845	Not Applicable
Sulte, Apt. :	#, e 1c.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State _			- Floring Committee Financian	Fee Required
23		28 North MIAMIN		Lorida	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	29 33160	Count	TY VSA	8. This corporation owes or has paid	
24	25 9. Name and Address of Curre		30] (Personal Property Tax due June 30 10. Name and Address of New Regle	
Val (CHEZ, JORGE L		8	1 Name	10.	
169	LINCOLN RD.		62 Street Addre		ress (P.O. Box Number is Not Acceptable)
, +	TE 325		E	3		
MIA	MI BEACH FL 33139		"	3		·
			E	4 City		FL 85 Zip Code
office or re	o the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the oblig	of Florida. Such change was	authorized	by the corporat	poration submits this statement for the pur lion's board of directors. I hereby accept	pose of changing its registered
SIGNATURE				·		
	Signature, type: For printed name of regeleterology OF CIPS DS: AN	erd and title it applicable (NO ID DIRECTORS		gent signature requir	red when reinstating)	DATE DE AND DIDECTORS IN 12
12.	8T	DELETE	13. 1.1 Tillu	:	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	VILCHEZ, JORGE L		1.2 NAM			
STREET ADDRESS	169 LINCOLN RD., SUITE 32	5		ET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY	-ST-ZIP		
TITLE			2.1 TITL			☐ Change ☐ Addition
NAME	VILCHEZ, JORGE L		2.2 NAM	E		
STREET ADDRESS	169 LINCÓLN RD., SUITE 32	5	2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139	<u>_</u>	2.4 CIT	'- ST - ZIP		
TITLE	PO	☐ DELETE	3.1 TITL	1		Change Addition
NAME	VILCHEZ, JORGE L		3.2 NAM	1		
STREET ADDRESS	169 LINCOLN RD SUITE 325			ET ADDRESS	-	
CITY-ST-ZIP TITLE	MIAMI BEACH FL	DELETE	3.4. C(T) 4.1 T)TL	'-ST- Z IP		Change Addition
		LJ OCIUTE	4.1 IIILI 4.2 NAN			The creating the properties in
NAME Street address				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	1		
TITLE		☐ DELETE	5.1 TITL			Change Addition
NAME		_	5.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 City	1		
TITLE		DELETE	61 TITL			Change Addition
NAME			6.2 NAM	F	•	
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 CHY	- S1 - 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 or an attachment with an address.