FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED PROFIT** FLORIDA DEPARTMENT OF STATE Jan 27 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # M99240 INTER-CONSULT, INC. Principal Place of Business Mailing Address 2550 NW 72ND AVENUE P OP BOX 521129 MIAMI FL 33122 MIAMI FL 33152-1129 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/16/1988 2. Principal Place of Business Mailing Address 4. FE! Number Applied For P.O. Box 521129 65-0098532 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional XX 5. Certificate of Status Desired Fee Required 22 City & State Miami, City & State 6. Election Campaign Financing \$5.00 May Be FL 23 28 Trust Fund Contribution Added to Fees Zip Country Zip 33152-112 Country Dade 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FERY, GEORGE J 2550 NW 72ND AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 307 83 MIAMI FL 33122 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Addition 1.1 TITLE Change FERY, GEORGE J. NAME 1.2 NAME 2550 N.W. 72ND AVENUE 307 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition T(T) F 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

CR2E034

☐ Change

Addition

SIGNATURE: George I NERTHIRE REQUIRED January 12th, 1998 (305) 593,9223

DELETE

6.1 TITLE

6.2 NAME

14. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to exempt the report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address

CITY - ST - ZIP