

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 18 1996 8:00 am
Secretary of State

DOCUMENT # P92000008714 (7)

1. Corporation Name

SETTLE CONSULTING CORPORATION

Principal Place of Business

**520 BRICKELL KEY DR
SUITE 0-305
MIAMI FL 33131**

Mailing Address

**520 BRICKELL KEY DR
SUITE 0-305
MIAMI FL 33131**

2. Principal Place of Business

2a. Mailing Address

21 **501 Brickell Key Drive** 26 **501 Brickell key Drive**

22 Suite, Apt. #, etc.
Suite 400

27 Suite, Apt. #, etc.
Suite 400

23 City & State
Miami, Florida

28 City & State
Miami, Florida

24 Zip Country
33131 U.S.A.

29 Zip Country
33131 U.S.A.

9. Name and Address of Current Registered Agent

**SLOSBERGAS, NELSON
520 BRICKELL KEY DR
SUITE 0-305
MIAMI FL 33131**

3. Date Incorporated or Qualified

12/03/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0372349

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

No

10. Name and Address of New Registered Agent

81 Name
SLOSBERGAS, NELSON

82 Street Address (P.O. Box Number is Not Acceptable)
501 Brickell Key Drive

83 Suite
Suite 400

84 City Zip Code
Miami, FL 33131

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DE GOUVEIA, RICARDO F.
520 BRICKELL KEY DR. STE 0-305
MIAMI FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
SLOSBERGAS, NELSON
520 BRICKELL KEY DR. #305
MIAMI FL**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**DP
DE GOUVEIA, RICARDO F.
501 Brickell Key Drive, Suite 400
Miami, Florida 33131**

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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; 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.

SIGNATURE:

Ricardo F. Gouveia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ricardo F. Gouveia

(305) 374-0030

Date

Telephone Number

CR2E034 (12/95)