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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000006908 (6)

1. Corporation Name

KNIGHTSBRIDGE CONSULTANTS, INC.



Principal Place of Business

Mailing Address

155 S MIAMI AVE  
PH 1  
MIAMI FL 33130

155 S MIAMI AVE  
PH 1  
MIAMI FL 33130

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUERRA, MARIA G  
1901 BRICKELL AVE  
SUITE 1502-B  
MIAMI FL 33129

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

11.1 TITLE

NAME  
GUERRA, MARIA G  
STREET ADDRESS  
1901 BRICKELL AVE #1502-B  
CITY-ST-ZIP  
MIAMI FL 33129

DELETE

11.1 TITLE

12 NAME  
13 STREET ADDRESS

14 CITY-ST-ZIP

11.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

11.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

11.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

11.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

11.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (12/95)