FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000038559 (9)**

1. Corporation Name
PROVIDENT INTERNATIONAL CONSULTANCY U.S.A., INC.

Principal Place of Business	Mailing Address
5174 MINTO ROAD SUITE 205 BOYNTON BEACH FL 33437 US	P O BOX 3217 SUITE 205 BOYNTON BEACH FL 33434 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/25/1993
3a. Date of Last Report: 05/17/1994

2. Principal Place of Business	2a. Mailing Address
21 5337 CEDAR LAKES RD	26 P.O. Box 3217
Suite, Apt. #, etc. 22 APT 11-16	Suite, Apt. #, etc. 27
City & State 23 BOYNTON BEACH FL	City & State 28 BOYNTON BEACH, FL
Zip 24 33437 Country 25 USA	Zip 29 33424 Country 30 U.S.A.

4. FEI Number: 65-0424726 ☐ 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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARAIS, ANDRE 5174 MINTO ROAD SUITE 205 BOYNTON BEACH FL 33437	81 Name: MARAIS, ANDRE 82 Street Address (P.O. Box Number is Not Acceptable): 5337 CEDAR LAKES RD 83: APT 11-16 84 City: BOYNTON BEACH FL 85 Zip Code: 33437

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: Marais — 3/27/95
Signature, typed or printed name 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	D	11 TITLE	D	☒ Change ☐ Addition
NAME	STURM, W J	12 NAME	STURM, W.J.	
STREET ADDRESS	11702 NE 19TH DRIVE	13 STREET ADDRESS	11702 N.W. 19TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	14 CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	FISHER, CLIVE U	22 NAME	FISHER, CLIVE U	
STREET ADDRESS	11702 NE 19TH DRIVE	23 STREET ADDRESS	11702 N.W. 19TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	24 CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: — 3/27/95 (305) 753-0746.
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0202307 CP