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

FILED
95 JUL 10 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000046123 (4)**

1. Corporation Name
BUYER CONSULTANTS OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
250 CATALONIA AVENUE STE. 405 CORAL GABLES FL 33134	250 CATALONIA AVENUE STE. 405 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/25/1993
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business	2a. Mailing Address
21 5890 SW 33 Ave	26 5890 SW 33 Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Fort Lauddale FL	City & State 28 Fort Lauddale FL
Zip 24 33312 Country 25 USA	Zip 29 33312 Country 30 USA

4. FEI Number: 65-0471278 ☐ 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

RIVAS, ELSA
250 CATALONIA AVENUE
STE. 405
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Rivas, Elsa
82 Street Address (P.O. Box Number is Not Acceptable): 5890 SW 33 Ave
83
84 City: Ft Lauddale FL 85 Zip Code: 33312

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: Elsa Rivas 4/25/95
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	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	IGLESIAS, CARLOS A	1.2 NAME	
STREET ADDRESS	250 CATALONIA AVENUE STE. 405	1.3 STREET ADDRESS	5890 SW 33 Avenue
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	Ft Lauderdale, FL 33312
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	RIVAS, ELSA	2.2 NAME	
STREET ADDRESS	250 CATALONIA AVENUE STE. 405	2.3 STREET ADDRESS	5890 SW 33 Avenue
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	Ft Lauderdale, FL 33312
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Elsa Rivas 4/25/95 (305) 986-9032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0137232 CP