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 11 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000067175 (8)**

1. Corporation Name
EXECUTIVE MANAGEMENT & CONSULTANT SERVICES, INC.

Principal Place of Business	Mailing Address
~~2463 CORAL WAY #34~~ ~~MIAMI FL 33145~~ 755 EAST 49th ST. SUITE 4 HIALEAH FLORIDA 33013	~~2463 CORAL WAY #34~~ ~~MIAMI FL 33145~~ 755 EAST 49th ST. SUITE 4 HIALEAH FLORIDA 33013

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/24/1993	3a. Date of Last Report: 04/28/1994

21 755 EAST 49th ST STE.4	26 755 EAST 49th ST. STE 4
2. Principal Place of Business Suite, Apt. #, etc. 22 HIALEAH FLORIDA	2a. Mailing Address Suite, Apt. #, etc. 27 HIALEAH FLORIDA
City & State 23 33013	City & State 28 33013
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0439062 ☐ 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

ALVAREZ, MANUEL N
2463 CORAL WAY #34
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name: ALVAREZ, MANUEL N
82 Street Address (P.O. Box Number is Not Acceptable): 755 EAST 49th STREET
83: SUITE 4
84 City: HIALEAH FL 85 Zip Code: 33013

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: MANUEL N. ALVAREZ — 4/7/95
(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	11 TITLE	☐ Change ☐ Addition
NAME	ALVAREZ, MANUEL N	12 NAME	
STREET ADDRESS	2463 CORAL WAY #34	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SUAREZ, CYNTHIA	22 NAME	
STREET ADDRESS	1410 W. 42ND ST.	23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	24 CITY-ST-ZIP	
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)(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 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: MANUEL N. ALVAREZ — 4/7/95 — (305) 769-9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0188308 CP