

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000067175 (8)

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



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
755 E 40 ST 87E-4 HIALEAH FL 33012 46		755 E 40 ST 87E-4 HIALEAH FL 33012-1005 46		09/24/1993	04/09/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21 2100 WEST 76 th STREET	26 2100 WEST 76 th STREET	65-0438062	Not Applicable		
22 SUITE 207	27 SUITE 207	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
23 HIALEAH FLORIDA	28 HIALEAH FLORIDA	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
24 33012	25 USA	29 33012	30 USA		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

ALVAREZ, MANUEL N

~~755 E 40 ST~~

~~87E-4~~

~~HIALEAH FL 33012~~

81 Name	ALVAREZ MANUEL N
82 Street Address (P.O. Box Number is Not Acceptable)	2100 WEST 76 th STREET SUITE 207
83	
84 City	HIALEAH
85 FL	
86 Zip Code	33012

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 a shareholder and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: MANUEL N. ALVAREZ PRESIDENT / SECRETARY DATE: 4/18/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, MANUEL N	1.2 NAME	ALVAREZ MANUEL N
STREET ADDRESS	8480 CORAL WAY #84	1.3 STREET ADDRESS	6373 SW 138 th PLACE
CITY-ST-ZIP	MIAMI FL 33145	1.4 CITY-ST-ZIP	MIAMI FL 33183
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, CYNTHIA	2.2 NAME	
STREET ADDRESS	4440 W 42ND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, unchanged, or on an attachment with an address.

SIGNATURE: MANUEL N. ALVAREZ DATE: 4/18/97 (305) 826-3111

CR2E034 (9/96)