

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000067175

1. Corporation Name

EXECUTIVE MANAGEMENT & CONSULTANT SERVICES, INC.

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90046 008 \*\*\*150.00



Principal Place of Business

Mailing Address

~~200 W 70TH STREET~~

~~2100 W 70TH ST~~

~~207~~

~~203~~

~~HALEAH FL 33016~~

~~HALEAH FL 33016~~

US

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1993

2. Principal Place of Business

2a. Mailing Address

21 6075 SUNSET DRIVE

26 6075 SUNSET DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 303

27 SUITE 303

City & State

City & State

23 SOUTH MIAMI, FLORIDA

28 SOUTH MIAMI, FLORIDA

Zip

Country

Zip

Country

24 33143

25 USA

29 33143

30 USA

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALVAREZ, MANUEL N

~~2100 W 70TH STREET~~

~~SUITE 207~~

~~HALEAH FL 33016~~

81 Name ALVAREZ, MANUEL N

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

6075 SUNSET DRIVE

83 SUITE 303

84 City SOUTH MIAMI

FL

85 Zip Code 33143

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

1/25/1999

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  
NAME ALVAREZ, MANUEL N  
STREET ADDRESS 6373 SW 138TH PLACE  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

MANUEL N. ALVAREZ

Date

Daytime Phone #

1/25/1999

(305)667-3977

CR2E034 (11/98)