## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



SIGNATURE:

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

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**DOCUMENT #** 

P93000078086 (4)

AMERICAS CONSULTING GROUP, INC.

| ,  |   | ov,   |  |  |  |  |
|--|---|---|--|--|--|--|
| Principal Place<br>4101 INDIAN<br>SUITE 406<br>MIAMI BEACH   | CREEK DR  | Mailing Address<br>4101 Indian Creek Di<br>Suite 406<br>Miami Beach FL 3314       |  |  | 1 80111 10111 14061 10111 10101 10111 1011 10                                |  |
|  |   |   |  | 3. Date Incorporated or Qualified 11/05/1993   | 3a. Date of Last Report 04/11/1995   |  |
| 2. Principal Pla<br>21 3100 C  | ce of Business<br>DITUS AUE                       | 2a. Mailing Address<br>26 300 Coll  | ins Aue.   | 4. FEI Number<br>65-0449331  | Applied For Not Applicable   |  |
| Suite, Apt. #<br>22 704  |   | Suite, Apt. #, etc. 27 704  |  | 5. Certificate of Status Desired   | S8.75 Additional Fee Required  |  |
| City & State BEACH, FL   |   | City & State 28 MiAMI BEA   | ick, FL  | Election Campaign Financing     Trust Fund Contribution                                      | \$5.00 May Be Added to Fees  |  |
| $\frac{70}{24}$ $\frac{70}{3}$ $\frac{70}{25}$ $\frac{70}{25}$ $\frac{70}{29}$ $\frac{70}{3}$ $\frac{70}{3}$ |   |   | Country<br>30                                    | infangible tax under s 199.032,  |  |  |
|  | 9. Name and Address of Cu                         | rrent Registered Agent  |  | 10. Name and Address of New F  | legistered Agent   |  |
| -  | Gonzalo jr<br>Dian Creek dr<br>D6                 |   | 92   | Address (P.O. Box Number is Not Acceptate  | R_<br>(le)   |  |
| MIAMI BI   | EACH FL 33140                                     | A   | 84 City 4  | iam, Beach   | FL 85 Zip Code 33.40   |  |
| or registere   | ed agent, or both, in the State>M/                | lorida. Such change was authorize<br>Section 607.0505, Florida S <u>t</u> atutes. | s, the above-named co<br>ed by the corporation's | orporation submits this statement for the public board of directors, I hereby accept the app | rpose of changing its registered office<br>ointment as registered agent. Fam |  |
| SIGNATURE  | Signature, typod or printed typie of registered a | GONZALO ZUTLI 1  agent agol tite 4 applicable (NO)                                | も、4へ<br>IE: Registered Agent signature           | populsed when reinstation?   | 4/15/96  |  |
| 12.  | OFFICERS  | AND DIRECTORS   | 13.  | ADDITIONS/CHANGES TO OFF   | ICERS AND DIRECTORS IN 12  |  |
| THILE  | D   | ☐ DELETE  | 1. 1 TOTLE                                       | P  | ☐ Change ☐ Addition  |  |
| NAME<br>STREET ADDRESS   | ZURITA, GONZALO JR<br>4101 INDIAN CREEK DR \$     | SUITE 406   | 1.2 NAME<br>1.3 STREET ADDRESS                   | ZURITA, GONZALO TR<br>SIGO COLLINS AVE. CUIT   |  |  |
| CITY-ST-ZIP  | MIAMI BEACH FL 33140                              |   | 1.4 CITY - \$1 - ZIP                             | MiAMI BEACH, FL 331  |  |  |
| 11116  | D<br>ZUDITA DOCEDO, CONZA                         | ☐ DĒLETE  | 2 1 TITLE  | A 0.500 0 60.500   | Change   |  |
| NAME   | ZURITA-ROSERO, GONZA<br>4101 INDIAN CREEK DR S    |   | 2 2 NAME   | ZURITA-ROSERO, GONZALA<br>3100 Collins AUE. SUI  | 7E 704   |  |
| STREET ADDRESS   | MIAMI BEACH FL 33140                              | SOILE 400   | 2 3 STREET ADDRESS                               | MIAMI BEACH, FL 331  | 40   |  |
| C:TY-ST-ZIP<br>T:TLF   | WARANII DEROLITE GOTTO                            | ☐ DELETE  | 2.4 CHY-S1-ZIP<br>3. 1 TIJLE                     | prikar pektri, 10 33   |  |  |
| NAME   |   | ( ) better  | 3.2 NAME   |  | Change Addition  |  |
| STREET ADDRESS   |   |   | 3.3 STREET ADDRESS                               |  |  |  |
| CITY-S*-ZIP  |   |   | 3.4 CITY-ST-7/P                                  |  |  |  |
| TITLE  |   | DELETE  | 4. 1 TITLE                                       |  | Change Addition  |  |
| NAME   |   |   | 4.2 NAME   |  |  |  |
| STHEET ADDRESS   |   |   | 4.3 STREET ADDRESS                               |  |  |  |
| CITY-ST-ZIF  |   |   | 4.4 CITY - ST - ZIP                              |  |  |  |
| TITLE  |   | ☐ DELETE  | 5 1 THILE  |  | Change 🔲 Addition  |  |
| NAME   |   |   | 5 2 NAME   |  |  |  |
| STREET ADDRESS   |   |   | 5.3 STREET ADDRESS                               |  |  |  |
| CITY-ST-7IP  |   | T DELETE  | 54 CITY - ST - ZIP                               |  | Change - 4220  |  |
| TITUF<br>NAME  |   | F) percie   | 6 1 TITLE  |  | Change Addition  |  |
| STREET ADDRESS   |   |   | 6.2 NAME<br>6.3 STREET ADDRESS                   |  |  |  |
| CITY ST-ZIP  |   |   | 6.4 City-SI-ZIP                                  |  |  |  |
| 14. I do hereby  | certify that the information suppli               | ed with this filing is voluntarily fumi   | shed and does not qua                            | 1<br>alify for the exemption stated in Section 119   | 07(3)(k), Florida Statutes. I further  |  |
| certify that   | the information indicated on this a               | innual region or supplemental anni.   | ial report is true and ad                        | courate and that my signature shall have the te this report as required by Chapter 607, Fi   | same logal effect as if made under<br>orida Statutes; and that my name       |  |
| SIGNAT   |   |   |  | 4/15/96  | (30s) 538-1688   |  |