SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT-CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000078086 (4)
AMERICAS CONSULTING GROUP, INC.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 JUL 21 AMII: 57



Principal Place of Business Mailing Address						AUT BALLI ESIN IĞÜN		
3100 COLLINS AVENUE 3100 COLLINS AVENUE								
BUITE 704 MIAMI BEACH	EI 99140	SUITE 704		DO NOT W	DO MOT MONTE IN THE ODA OF			
US DEACH	FL 33140	MIAMI BEACH FL 33140 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report			
					11/05/1993	I	/18/1996	вроп
2. Principal Pl	ace of Business /	2a. Mailing Address	Α		4. FEI Number	וַדּע		plied For
21 2/8	ANTILLANE AVE.	26 218 SANTIAN	JE A	V£ .	65-0449331		H-1	t Applicable
Suite, Apt. #, etc. Suite, Apt. # 22 / Z 27 1 2					S. Certificate of Status Desired			
City & State		City & State			6. Election Campaign Financi			·
23 CORAL	al Gabies the 28 Coral Gabie			FL	Trust Fund Contribution Added to Fees			
Zip 24 33/34	Country	Zip 33:34 2	Country		8. This corporation owes or h	_		
24 33132	9, Name and Address of Current		<u> </u>		Personal Property Tax due 10. Name and Address of Ne			No
71 15	RITA, GONZALO JR	Legistered Agent	81	Name			- Cont	
A4AA AALIINA AMPARIT					JRITA, GONZALO			
SUITE 704				Street Add	dress (P.O. Box Number is Not Acc	eptable)		
MIAMI BEACH FL 33140								
IMIN	MIII DENOTITE SOTTO		83	5017	E 12			
			84	CityCor		FL		134
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 objections of, Section 607.0505, Florida Statutes.								
agent, I am familiar with, and accept the objections of, Section 607.0505, Florida Statutes.								
SIGNATURE								
12.	Signature, typed or printed name of the stered agely OFFICE RS AND		13.	i signature requ	ADDITIONS/CHANGES TO	DATE DESICERS AND	DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 TITLE				Change	Addition
NAME	ZURITA, GONZALO JR	_	1.2 NAME	2	ZURITA, GONZALO 18 SANTILLANE AUG	. ₹&	_ •	_
STREET ADDRESS	3100 COLLINS AVENUE SUITE	704	1.3 STREET A	ODDRESS 2	loral fables, fl	:. 77 12 22.12.11		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 City-St		DRAL MARIES, FC	37,34		
TALE	0	DELETE	2.1 THTLE				Change	Addition
NAME	ZURITA-ROSERO, GONZALO		2.2 NAME	2	LURITA-ROSERO, GO 18 SANTLLANE A	ONZAJO		
STREET ADDRESS	3100 COLLINS AVENUE SUITE	704	2.3 STREET A	UDDRESS 2	IN SAUTILLAND A	JE - 74 12	•	
CITY-ST-ZIP	MIAMI BEACH FL		2, 4 CITY-ST	I-ZIP C	OPAL GABLES, FL 3	·> '>4		
TITLE		DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME		00/11	~		
STREET ADDRESS			3.3 STREET A	NDDRESS	(m (1)	/ う		
CITY-ST-ZIP			3.4. CITY - ST	- ZiP				
TITLE		DELETE	4.1 TITLE	,	***************************************		Change	Addition
NAME			4 2 NAME		90000	224C.	700.	
STREET ADDRESS			4 3 STREET A	NODRESS	-07/: -07/:	23/97n	1130	105
CITY-ST-ZIP			4.4 CITY-ST	- ZIP		23/970 165-00-	####16	
TITLE		☐ DELETE	5.1 TITLE			- 200100	☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET A	ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST	- ZIP				
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET A	ODRESS				
CITY-ST-2IP	Walter Land	- M 46 1 612	6.4 CITY-ST		T. A. J.			
i 14. i do hereb	y certify that the information supplied	with this filing does not qualify f	or the exen	notion state	ed in Section 119.07(3)(i), Florida Si	atutes. I further	certify that f	tne l

I do nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or suppliemental 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 receiverfor 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 man attachment with an address.

7/15/97

1305) 774-6082