

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000080896 (2)

1. Corporation Name
CONSULTANTS 2000, CORP.



Principal Place of Business: **733 N.E. 75TH STREET MIAMI FL 33138**
Mailing Address: **733 N.E. 75TH STREET MIAMI FL 33138**

3. Date Incorporated or Qualified: **11/23/1993**
3a. Date of Last Report: **08/14/1995**
4. FEI Number: **65-0450488**
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

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**ROCHE, OLIVER F
733 N.E. 75TH STREET
MIAMI FL 33138**

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 85 Zip Code:

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: *Oliver Roche*
Signature of Current Registered Agent (Required for all registrations)

DATE: **2/14/96**
Signature of New Registered Agent (Required for all registrations)

12. OFFICERS AND DIRECTORS

12.1 TITLE: D	<input type="checkbox"/> DELETE
12.2 NAME: ROCHE, OLIVER F	
12.3 STREET ADDRESS: 733 N.E. 75TH STREET	
12.4 CITY-STATE-ZIP: MIAMI FL 33138	
12.5 TITLE: <input type="checkbox"/> DELETE	
12.6 NAME:	
12.7 STREET ADDRESS:	
12.8 CITY-STATE-ZIP:	
12.9 TITLE: <input type="checkbox"/> DELETE	
12.10 NAME:	
12.11 STREET ADDRESS:	
12.12 CITY-STATE-ZIP:	
12.13 TITLE: <input type="checkbox"/> DELETE	
12.14 NAME:	
12.15 STREET ADDRESS:	
12.16 CITY-STATE-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
13.2 NAME:	
13.3 STREET ADDRESS:	
13.4 CITY-STATE-ZIP:	
13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
13.6 NAME:	
13.7 STREET ADDRESS:	
13.8 CITY-STATE-ZIP:	
13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
13.10 NAME:	
13.11 STREET ADDRESS:	
13.12 CITY-STATE-ZIP:	
13.13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
13.14 NAME:	
13.15 STREET ADDRESS:	
13.16 CITY-STATE-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)(k), 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: *Oliver Roche*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **2/14/96**
DATE: **305 757 7505**
DATE: _____
DATE: _____

CR2E034 (12/95)