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Jan 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000084638 (4)

1. Corporation Name

NEW CONSULTANTS & SURVEYORS, INC.



Principal Place of Business

Mailing Address

2835 SW 6TH ST  
MIAMI FL 33135  
US

2835 SW 6TH ST  
MIAMI FL 33135  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2835 SW 6 STREET

2a. Mailing Address

26 2835 SW 6 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 MIAMI Florida

Zip

24 33135

Country

25 U.S.A

27 City & State

28 MIAMI Florida

Zip

29 33135

Country

30 U.S.A

9. Name and Address of Current Registered Agent

PEREZ, BARBARA M  
2835 SW 6TH ST  
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name BARBARA M. PEREZ  
82 Street Address (P.O. Box Number is Not Acceptable)  
2835 SW 6 STREET  
83  
84 City Miami FL 85 Zip Code 33135

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

*Barbara M. Perez*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01/08/98

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME PEREZ, BARBARA  
STREET ADDRESS 2835 SW 6 ST  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. I 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 if changed, or on an attachment with an address.

SIGNATURE

*Barbara M. Perez*

01/08/98

CR2E034 (10/97)