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

PROFIT. FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mertham ANNUAL REPORT Socretary of State 97 JUN 23 AM 5: 40 DIVISION OF CORPORATIONS 1997 DOCUMENT # P93000086936 SECNETATY OF STATE TALLAHASSEE, IT ORIDA M Consulting Services Luc Principal Place of Business 136 Marina del Ren Ct 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address Applied For BhMariande Not Applicable Same Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Clearnatur Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199,032, Yes No 29 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 Street Address (P.O. Box Number is Not Acceptable) 82 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 67.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bolin, in the 8134 countries. 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 appointment as registered signal. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. SIGNATURE rau red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition TITLE 1 1 11716 EDWARD MAZUR JA 136 Mariña del Rey Ct NAME 1.2 NAME 136 Mariña del Cleanuster Bi 13 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE 21 TITLE Change Addition TITLE 2.2 NAMŁ NAME 600002221926--9 -06/24/97-01039-007 23 STREET ADDRESS STREET ADDRESS 2.4 CTY+S1+7 CITY-ST-ZIP ****165.00 PARKET ST. Dillion TITLE 3.110116 NAME 3.2 NAME 3.3 STREUT ADDRESS STREET ADDRESS 3.4 CHY-ST 7/P CITY-ST-ZIP DELFTE 4.11111.0 Change Add tion TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.0(1Y+ST-7)P CITY - ST-ZIP Addition DETETE 5.1 1018 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STRICET ADDRESS 54 OHY-SUZIP CITY-ST-71F DELETE Change : Addition TITLE 6.1 Tell E NAME 62 NAME 6.3 STREET ASIDRESS STREET ADDRESS 6.4 CHY S1-7/P 14. I do hereby certily 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the commentation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 813-724-8422 SIGNATURE