FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P94000003044

1. Corporation Name

O.K.D. MANAGEMENT CONSULTING, INC.

Principal Place of Business
6175 N.W. 153rd Street
Suite 215
Miami Lakes, Fl 33014

Mailing Address
-SAME-

3. Date Incorporated or Qualified: January 5, 1994
3a. Date of Last Report: 1995

2. Principal Place of Business
21 6175 N.W. 153rd St
Suite, Apt. #, etc.
22 Suite 215
City & State
23 Miami Lakes, Fl 33014
Zip 24: 33014 Country 25:

2a. Mailing Address
26 6175 N.W. 153rd St.
Suite, Apt. #, etc.
27 Suite 215
City & State
28 Miami Lakes, Fl 33014
Zip 29: 33014 Country 30:

4. FEI Number: 65-0465743 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

Barbara C. Maron
328 Minorca Avenue
2nd Floor
Coral Gables, Fl 33134

10. Name and Address of New Registered Agent

81 Name: Sheldon Evans, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 6175 N.W. 153rd Street
83 Suite 215
84 City: Miami Lakes, Fl FL 85 Zip Code: 33014

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: Sheldon Evans 3/27/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for filing.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres./V. Pres. Omar El Dada c/o Sheldon Evans, P.A. 6175 N.W. 153rd St. Ste 215 Miami Lakes, Fl 33014	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Tres. Omar El Dada c/o Sheldon Evans, P.A. 6175 N.W. 153rd St. Ste 215 Miami Lakes, Fl 33014	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	000001 775346 -04/15/96--01020--016 ***200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition D 4.12

CR2E034 (12/95)

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)(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: [signature] PRESIDENT 4-1-96 (305) 557-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Omar El Dada — Date — Daytime Phone #