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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000024289 (8) DOCUMENT #

CORDERO CONSULTING SERVICES, INC. Principal Place of Business Mailing Address 6971 N FEDERAL HWY SUITE 105 6971 N FEDERAL HWY SUITE 105 **BOCA RATON FL 33487 BOCA RATON FL 33487** 3. Date incorporated or Qualified 3a. Date of Last Report 03/25/1994 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0477879 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name GREENWALD, STEVEN K Street Address (P.O. Box Number is Not Acceptable) 6971 N FEDERAL HWY SUITE 105 **B3 BOCA RATON FL 33487** City 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 DATE Signature, typod or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1. 1 TITLE THEF CORDERO, HUMBERTO JR CR2E034 1.2 NAME NAME 6971 N FEDERAL HWY SUITE 105 1.3 STREET ADDRESS STREET ADDRESS. **BOCA RATON FL 33487** CHTY-ST ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITE 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS 011Y - S1 - ZIP 2 4 CITY - ST - ZIP DELETE ☐ Change Addition THEF 3.13:TLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP OHY 81-719 DELETE Change 4. 1 TITLE ☐ Addition TITLE 4.2 NAME NAME 4.3 STREET ACCRESS STHEET ACORESS 4.4 CITY-ST-7IP CITY ST Z-P DELETE Change Change Addition TILE 5 1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change ☐ Addition T(1): F 6 1 TITLE NAME 6 2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6 4 CITY - S1 - ZIP

SIGNATURE:

CITY - ST - 7IP

HUMBERD COLOCUSE

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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 on Block 13 if of angled, or on an appear with an address