

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

FILED

Apr 20 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 # P94000031064 (6)

1. Corporation Name

MICROACTION CONSULTING AGENCY, INC.



Principal Place of Business

Mailing Address

8680 NW 5TH TERRACE  
#103  
MIAMI FL 33126  
US

8680 N W 5TH TERRACE  
#103  
MIAMI FL 33312  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1994

4. FEI Number

65-0485055

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4267 N.W. 112 COURT

26 4267 N.W. 112 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 MIAMI - Florida

27 MIAMI - Florida

City & State

City & State

23 MIAMI - Florida

28 MIAMI - Florida

Zip

Country

Zip

Country

24 33178

25 DADE

29 33178

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAZNAVE, MARTIN  
8680 NW 5TH TERRACE  
SUITE 103  
MIAMI FL 33126

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4267 N.W. 112 COURT

83

84 City

MIAMI

FL

85 Zip Code

33126

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST ☐ DELETE

NAME CAZNAVE, MARTIN  
STREET ADDRESS 8680 NW 5TH TERRACE  
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 4267 N.W. 112 COURT  
1.4 CITY-ST-ZIP MIAMI- FL. 33126

TITLE D ☐ DELETE

NAME CAZNAVE, MARTIN  
STREET ADDRESS 8680 NW 5TH TERRACE  
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 4267 N.W. 112 COURT  
2.4 CITY-ST-ZIP MIAMI- FL. 33126

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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:

4/9/97 463.8356

CR2E034 (10/97)