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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P94000033694 (8)**

1. Corporation Name

METRO CONSULTING GROUP, INC.

Principal Place of Business Mailing Address

1390 OCEAN DR SUITE 404 MIAMI BEACH FL 33139

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/02/1994** 3a. Date of Last Report

4. FEI Number **65-0501365** 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 (3)(2) Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **311 BEECHWOOD DRIVE** 26 **311 BEECHWOOD DR.**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State **KEY BISCAIYNE, FL.** 28 City & State **KEY BISCAIYNE, FL.**

24 Zip **33149** 25 Country 29 Zip **33149** 30 Country

9. Name and Address of Current Registered Agent

CORALLO, MARTHA Z
1390 OCEAN DR SUITE 404
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent


81 Name **CORALLO, MARTHA Z.**

82 Street Address (P.O. Box Number is Not Acceptable) **311 BEECHWOOD DRIVE**

83

84 City **KEY BISCAIYNE** FL 85 Zip Code **33149**

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  **Martha Zalk Corallo** DATE **4-12-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORALLO, MARTHA Z	1.2 NAME	CORALLO, MARTHA Z.
STREET ADDRESS	1390 OCEAN DR SUITE 404	1.3 STREET ADDRESS	311 BEECHWOOD DR.
CITY, ST, ZIP	MIAMI BEACH FL 33139	1.4 CITY, ST, ZIP	KEY BISCAIYNE, FL. 33149
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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)(b), 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 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Martha Zalk Corallo** DATE **4-12-95**