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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000033694 (8)

METRO CONSULTING GROUP, INC.

Principal Place of Business Mailing Address 311 BEECHWOOD DR 311 BEECHWOOD DRIVE KEY BISCAYNE FL 33149-1812 KEY BISCAYNE FL 33149 3a, Date of Last Report 3. Date Incorporated or Qualified 05/02/1994 04/11/1996 4, FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0501365 Not Applicable 21 26 Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip $Z_{\rm IP}$ Country 8. This corporation has liability for intangible tax under s. 199.032 Yes No Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name CORALLO, MARTHA 311 BEECHWOOD DR 82 Street Address (P.O. Box Number is Not Acceptable) **KEY BISCAYNE FL 33149** 83 84 City 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 Signar i.e. typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. 13. DELETE 1.1 TITLE Change Addition TOTAL CORALLO, MARTHA Z HAME 1.2 NAME 311 BEECHWOOD DR STREET ADDRESS 13 STREET ADDRESS KEY BISCAYNE FL 1.4 CITY-ST-ZIP City-St-ZiP Addition Change HILE DELETE 2.1 TITLE NAME 2.2 NAME STREET ACORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition DELETE Change 3.1 TAILE THILE NAM 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS •CEY+\$1-ZIP 34. CITY-ST-ZIP Addition **€** ITLE DELETE 4.1 TITLE Change NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS C-TY-ST-ZIP 4.4 CITY - ST - ZIP DELETE __ Addition 5.1 TITLE TITLE NAMI 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CHY-SI-Z-F 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE NAM 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - \$1 - ZIP

14. I do 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 eath; 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

MAZHA ZEIK CORARLO

FILED

May 12 1997 8:00am

Secretary of State

Daytime Phone #