FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 AUG -7 AM 11:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000036708 (3)**

1. Corporation Name
DLE CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
14842 ROBINSON STREET MIAMI FL 33176	14842 ROBINSON STREET MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 10700 Caribbean Blvd.
Suite, Apt. #, etc.
22: Suite 202 B
City & State
23: Miami, Fl.
Zip 24: 33189 Country 25: Usa

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: 65-0493972 ☐ 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

BROWDY, JOHNNY III
1444 BISCAYNE BLVD., SUITE 220
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BULLARO, EDWARD B	12 NAME	
STREET ADDRESS	14842 ROBINSON STREET	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33176	14 CITY ST ZIP	
TITLE		21 TITLE	Vice President / Director ☐ Change ☒ Addition
NAME		22 NAME	Larcania J. Bullard
STREET ADDRESS		23 STREET ADDRESS	14842 Robinson St.
CITY ST ZIP		24 CITY ST ZIP	miami, Fl. 33176
TITLE		31 TITLE	Treasurer / Director ☐ Change ☒ Addition
NAME		32 NAME	Dwight Bullard
STREET ADDRESS		33 STREET ADDRESS	14842 Robinson Bv
CITY ST ZIP		34 CITY ST ZIP	miami, Fl. 33176
TITLE		41 TITLE	Sec. / Director ☐ Change ☒ Addition
NAME		42 NAME	Vincent Brooker
STREET ADDRESS		43 STREET ADDRESS	14842 Robinson St
CITY ST ZIP		44 CITY ST ZIP	miami, Fl. 33176
TITLE		51 TITLE	Violet Giles, Director ☐ Change ☒ Addition
NAME		52 NAME	14510 SW 106 CT
STREET ADDRESS		53 STREET ADDRESS	Miami, Fl. 33176
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	Director ☐ Change ☒ Addition
NAME		62 NAME	Nevilla G. Bullard
STREET ADDRESS		63 STREET ADDRESS	16820 S.W. 106 Ave
CITY ST ZIP		64 CITY ST ZIP	miami, Fl. 33176

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.

305 2331890

SIGNATURE: _____ 7-28-95 25182.99
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
Edward B. Bullard
Date Daytime Phone #

0103070 CP