

FILED
F. Jul 14 1998 8:00am
Fi Secretary of State

PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000063931 1. Corporation Name D.A.S. Consulting, Inc.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21 2701 South Bayshore Drive	26 2701 South Bayshore Drive	3. Date Incorporated or Qualified 8/30/94	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report 3/25/98	
22 Suite 403	27 Suite 403	4. FEI Number 65-0535693	
City & State	City & State	Applied For Not Applicable	
23 Miami FL	28 Miami FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33133	29 33133	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
County	County		
25	30		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
David Schwedel 2701 South Bayshore Drive Suite 403 Miami, FL 33133		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	
		FL	
11. Pursuant to the provisions of Sections 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 of applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Schwedel	1.2 NAME	David Schwedel
STREET ADDRESS	2701 South Bayshore Drive	1.3 STREET ADDRESS	2701 South Bayshore Drive
CITY-ST-ZIP	Suite 403	1.4 CITY-ST-ZIP	Suite 403
	Miami FL, 33133		Miami FL, 33133
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	David Schwedel
STREET ADDRESS		2.3 STREET ADDRESS	2701 South Bayshore Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Suite 403
			Miami FL, 33133
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	David Schwedel
STREET ADDRESS		3.3 STREET ADDRESS	2701 South Bayshore Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Suite 403
			Miami FL, 33133
TITLE	<input type="checkbox"/> DELETE	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	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	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	
		900002588709 -07/14/98--01078--020 ***61.25	
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 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, or on attachment with an address.			
SIGNATURE		David Schwedel, President by greg K Kuroda as attorney in fact Date 7/9/98 305-672-0686	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	