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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90013 017 ***150.00

DOCUMENT # P9400 1. Corporation Name HIGH CONSULTING INTERNATIO							_	
Principal Place of Business	М	ailing Address						110
10030 SW 147TH COURT MIAMI FL 33196		030 SW 147TH COUR AMI FL 33196	r					
						Ì	3. Dat	te In
						l	08)/29
2. Principal Place of Business	2a	Mailing Address					4. FE	Nu
21	26						65	;-05
Suite, Apt. #, etc.		Suite, Apt. #, etc.					_ 5 , Ce	rtifca
22	27							
City & State	L	City & State					6. Ele	ection
23	28						Tru	ust F
Zip Country	L	Zip	_ (Country			8. Thi	is co
24 25	29		30					rson
9. Name and Address of Cur	rent Regis	stered Agent		 _			10. Na	me :
05004110 0504000				81	Na	ame		
SERRANO, GERARDO 10030 SW 147TH COURT			82	St	reet Addres	s (P.O.	Box	
MIAMI FL 33196				83				
				84	Ci	tv		

|--|

		DO NOT WRIT	TE IN THIS S	PACE		
	3.	Date Incorporated or Qualifed				
	1	08/29/1994				
	4.	FEI Number			Applied Fo	r
		65-0523456			Not Applica	able
	_5.	Certifcate of Status Desired	_D	•	75 Additional Required	al _==>-
	6.	Election Campaign Financing		\$5.	00 May Be	
	ĺ	Trust Fund Contribution		Add	ted to Fees	
	8.	This corporation owes the curre	ent year Inta	ngible		
		Personal Property Tax.		☐ Yes	□No	
	10.	Name and Address of New R	legistered A	gent		
dre	ss (F	P.O. Box Number is Not Accepta	able)			
			FL		Zip Code	
rpoi	atio	n submits this statement for the pard of directors. I hereby accep	purpose of c of the appoint	hangin ment a	g its register is registered	ed

office or registered agent, or both, in the State of Florida. Such change was authorized by the corpora

agent. i ai	m ramiliar with, and accept the obligations or, Section 607.0505, Florid	ia Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: F	Registered Agent signature requir	red when reinstating) DAT	<u>.</u>	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	RS IN 12
TITLE	D DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	SERRANO, GERARDO	1.2 NAME			
STREET ADDRESS	10030 SW 147 CT	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33196	1.4 CITY-\$T-ZIP			
TITLE	D DELETE	2.1 TITLE		Change	Addition
NAME	SERRANO, NELLY	2.2 NAME			
STREET ADDRESS	10030 SW 147 CT	2.3 STREET ADDRESS			
-CITY-ST-ZIP —	-MIAMI-FL-33196	-2:4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE	•	Change	☐ Addition
NAME		3.2 NAME	•		
STREET ADDRESS		3.3 STREET ADDRESS			Ì
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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 accurage 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, with an other like empowered.

SIGNATURE: <u>GERAZDO SEZRAJO.</u> (SIGNATURE AND TYPEO OR PRINTED NAME OF SI