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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9400(NDER CONSULTING GROUP					A 1500 A 1101 AY	i))	
Principal Place of Business Mailing Address						# 1900 FLOOI 91	(N (N) (N)	
15400 SW 47	ST	15400 SW 47 ST						
MIAMI FL 33185 MIAMI FL 33185				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified			٦
					09/19/1994			1
2. Principal P	lace of Business	2e. Mailing Address			4. FEI Number	T A	pplied For	1
21		26			65-0522145	N	ot Applicable]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	7
22		27					equired	4
City & State	€	City & State			6. Election Campaign Financing		May Be	1
23 Zip	Country	28	Cor	intry	Trust Fund Contribution		to Fees	┥
24	25	29	30		8. This corporation owes or has paid the cu Personal Property Tax due June 30.		No	ł
	9. Name and Address of Currer		[40]	T	10. Name and Address of New Registered			1
AI F	XANDER, GEORGE H.			81 Name				7
15400 SW 47 ST				82 Street Add	Iress (P.O. Box Number is Not Acceptable)	 -		┨
MIAMI FL 33185				0.18617100	Tibes (F.O. BOX Horrison is not neceptable)			1
				83				7
				84 City		85 Zip	Code	┥
				'	FL	• · ·	-	_
				<u> </u>	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app		ts registered registered	
SIGNATURE	Cleans ACerco. Signature, Mid or printed name of rigistered agr	ly GEX		ALEXA-	y DER 2-28-1	18.		
12.		D DIRECTORS	13.	d Agent signatura redu	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTO	RS IN 12	48
TITLE	D			ITLE		Change	Addition	13
HAME	ALEXANDER, GEORGE H		1.2 N	AME				13
STREET ADDRESS	15400 SW 47 ST		1.3 \$	TREET ADDRESS				8
CITY-ST-ZIP	MIAMI FL 33185		1.4 0	ITY-ST-ZIP				_[8
TITLE		☐ DELETE	2.1 Ti	ITLE		Change	Addition	٦٢
NAME			22 N	AME				
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NAME			5.2 N	l l				
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CITY-ST-ZIP				ITY-ST-ZIP				
THILE		☐ DELETE	6.1 T			Change	Addition	7
NAME			6.2 N					
STREET ADDRESS			6.3 S	TREET ADDRESS				J
CITY-ST. 7IP				TY-SI-ZIP				1

14. Thereby 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 suppliemental 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.

SIGNATURE:

JUNES ACCURATE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Mar 18 1998 8:00am

Secretary of State