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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90139 015 ***158.75

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DOCUMENT # P94000073198

1. Corporation Name
AVILA BUSINESS CONSULTING SERVICES CORP.

Principal Place of Business	Mailing Address
201 CRANDON BLVD. APT 323 KEY BISCAYNE FL 33149 US	201 CRANDON BLVD APT 323 KEY BISCAYNE FL 33149 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/06/1994

2. Principal Place of Business	2a. Mailing Address
21 ANA MARIA AVILA B.	26 ANA MARIA AVILA B.
Suite, Apt. No. or Bldg. 22 181 CRANDON BLVD. APT. 201	Suite, Apt. No. or Bldg. 27 181 CRANDON BLVD. APT. 201
City & State 23 KEY BISCAYNE, FL 33149	City & State 28 KEY BISCAYNE, FL 33149
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0590108 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHEEMA, BALWANT 8301 N W 197 STREET MIAMI FL 33015	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PS. AVILA, ANA MARIA 201 CRANDON BLVD., APT 323 KEY BISCAYNE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT ANA MARIA AVILA B. 181 CRANDON BLVD. APT. 201 KEY BISCAYNE, FL 33149	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2. 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 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, with all pertinent information.

SIGNATURE: Ana Maria Avila SIGNATURE REQUIRED — Avila Business Consulting Services, Corp. / Ana Maria Avila / 260 Crandon Blvd. Suite 32-581 / Key Biscayne, FL 33149 — 4/16/99 — 305 3610264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER — Date — Daytime Phone #

CR2E034 (11/98)