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

DOCUMENT #

P94000079111 (8)

CORAL GABLES CONSULTING GROUP CORPORATION

Principal Place of Business Mailing Address 200 SE 15TH RD #15J 200 SE 15TH RD #15J MIAMI FL 33129 MIAMI FL 33129 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/27/1994 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0533421 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name GERHANDT, SCHREIBER 890 S. DIXIE HWY. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33146** 83 84 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** (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registerical agent and title if apple able 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 THILE REAL, UBALDINO A NAME 1.2 NAME 200 SE 15TH RD #15J STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33129** CITY-ST-ZIP 1.4 CITY - S1 - 2IP DELETE Change TITLE 2.1 TITLE Addition LEE, EDWARD NAME 200 SE 15TH RD #15J STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33129 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DFLFTE ☐ Change Addition TITLE 3.1 TITLE FLORES, ARMANDO NAME 3.2 NAME 200 SE 15TH RD #15J STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33129** CITY-ST-ZIP 3.4. CiTY-ST-ZIP DELETE Change TITLE 4.1 TITLE ___ Addition 4. 2 NAME STREET ADDRESS 4.3 STHEET ADDRESS CITY - ST- ZIP 4.4 CITY-S1-7IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP □ DELETE Addition TITLE 6.1 THLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - S1 - ZIP

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 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.

SIGNATURE: Showing of the state of the

4/29/98 (36)858-7154

FILED

May 08 1998 8:00am

Secretary of State