

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000080584 (3)
1. Corporation Name
NADIA MANAGEMENT & TRAINING CONSULTANTS, INC.

Principal Place of Business 3400 NE 192ND ST MYSTIQUE POINT PENTHOUSE #6 NORTH MIAMI BEACH FL 33180	Mailing Address 3400 NE 192ND ST MYSTIQUE POINT PENTHOUSE #6 NORTH MIAMI BEACH FL 33180
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15952 SW 8TH STREET Suite, Apt. #, etc. 22 City & State 23 PEMBROKE PINES FL Zip 24 33027		2a. Mailing Address 25 15952 SW 8TH STREET Suite, Apt. #, etc. 27 City & State 28 PEMBROKE PINES FL Zip 29 33027		3. Date Incorporated or Qualified 11/02/1994	
4. FEI Number 65-0531443		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent SERFATY, CHARLES S 18470 NE 10TH AVE SUITE 100 NORTH MIAMI BEACH FL 33162		10. Name and Address of New Registered Agent	

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 607.0502 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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	FERNANDES, IMELDA A	1.2 NAME	
STREET ADDRESS	DUBAI WORLD TRADE CTR LEVEL 6 PO BOX 9349	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUBAI U A E	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	DV
NAME	FERNANDES, MERWYN F	2.2 NAME	FERNANDES, MERWYN F
STREET ADDRESS	3400 NE 192ND ST MYSTIQUE POINT PH 6	2.3 STREET ADDRESS	15952 SW 8TH STREET
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	DST	3.1 TITLE	DST
NAME	FERNANDES, CHARLOTTE M	3.2 NAME	FERNANDES, CHARLOTTE M
STREET ADDRESS	3400 NE 192ND ST MYSTIQUE POINT PH 6	3.3 STREET ADDRESS	15952 SW 8TH STREET
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	3.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: Charlotte M. Fernandes DATE: 4/1/98

CR2E034 (10/97)