03-11-1999 90060 036 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

7.	Corporation	MEN 1 # P94000 (ECONOMETRICS/FLORIDA,					
Principal Place of Business Mailing Address					- I (BB(3500) tim (dt)) pinis ansis natel brill n	8101 18110 11010 13011 06110 1	
% ARAZOZA & COMAS. P.A. 101 MADEIRA AVENUE CORAL GABLES FL 33134			% ARAZOZA & COMAS. P.A. 101 MADEIRA AVENUE CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/09/1994		
2.	Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied	For
21	¬ · —				65-0534978	Not App	olicable
	Suite, Apt. i	¥, etc.	Suite, Apt. #, etc.		- 5. Certifcate of Status Desired	\$8.75 Addition	onal
22			27		3. Certificate of Grands Desired 12	Fee Require	
_	City & State City & Sta				6. Election Campaign Financing	\$5.00 May	
23			28	On on the last	Trust Fund Contribution	Added to Fee	as
	Zip	Country	Zip	Country	This corporation owes the current year Personal Property Tax.	r Intangibie K∐Yes ⊟No	io
24		9. Name and Address of Current	29 3	<u> </u>	10. Name and Address of New Register		
}	• • • • • • • • • • • • • • • • • • • •	3. Haile and Fladicas of Guillin	rio giorai a a rigani	81 Name A1	razoza. Comas, de To	rres &	
ARAZOZA,COMAS,DE TORRES,FENANDEZ-FRAGA PA. 101 MADEIRA AVENUE CORAL GABLES FL 33134				82 Street Addr 21	ess (P.O. Box Number is Not Acceptable) 100 Salzedo Street 1ite 300		
					11CE 300	as 7in Codo	
				84 City	orāl:Gables,	FL 85 Zip Code 331.	34
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 dollipations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.		OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS		N 12
TITLE		PD	☐ DELETE	1.1 TITLE			Addition
NAM	ε	BOND, ROBERT D		1.2 NAME			
STRE	EET ADDRESS	5048 WESTPATH TERRACE		1.3 STREET ADDRESS			
CITY	-ST-ZIP	BETHESDA MD 20816		1.4 CITY-ST-ZIP			
TITLE	Ē Ī	SD	☐ DELETE	2.1 TITLE		Change	Addition
NAM	E	RYAN, PATRICIA D		2.2 NAME			
STRE	EET ADDRESS	4350 NORTH FAIRFAX DRIVE #	900	2.3 STREET ADDRESS			Ţ
ÇITY	'-ST-ZIP	ARLINGTON VA 22203-1633		2. 4 CITY-ST-ZIP	<u> </u>	Change] Addition
TITLI	E	D	☐ DELETE	3.1 TITLE			J Addition
NAM	i	FUNARO, RITA L		3.2 NAME			
STRE	EET ADDRESS	7145 PARKVBIEW AVE.		3.3 STREET ADDRESS			
	-ST-ZIP	FALLS CHURCH VA 22042	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change	Addition
тпъ	1		O pere			,	
NAM		•		4. 2 NAME 4.3 STREET ADDRESS			ļ
	EET ADDRESS			4.4 CITY-ST-ZIP			j
TITLE	-ST-ZIP		□ DELETE	5.1 TITLE		Change	Addition
NAM	Ī			5.2 NAME		٠,	Ì
}	EET ADDRESS			5.3 STREET ADDRESS			
	-ST-ZIP			5.4 CITY-ST-ZIP		<u> </u>	
TITL			☐ DELETE	6.1 TITLE		Change	Addition
NAM				6.2 NAME			ſ

The exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information take and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing does not qualify for indicated on this annual report or supplemental annual report is true and accup officer or director of the corporation or the requirer or trustee empowered to be Block 12 or Block 13 if changed, or on an attachment with an address, with all all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF RINTED NAME OF SIGNING OFFICER OR DIRECTOR