

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90060 036 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P94000082206

1. Corporation Name
BRITISH ECONOMETRICS/FLORIDA, INCORPORATED

| | |
|---|---|
| Principal Place of Business % ARAZOZA & COMAS. P.A. 101 MADEIRA AVENUE CORAL GABLES FL 33134 | Mailing Address % ARAZOZA & COMAS. P.A. 101 MADEIRA AVENUE CORAL GABLES FL 33134 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |
| 25 | 30 |

| | |
|---|--|
| 3. Date Incorporated or Qualified 11/09/1994 | |
| 4. FEI Number 65-0534978 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE TORRES, FENANDEZ-FRAGA PA.
101 MADEIRA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

| | |
|---|-----------------------------|
| 81 Name Arazoza, Comas, de Torres & Fernandez-Fraga, P.A. | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 2100 Salzedo Street | |
| 83 Suite 300 | |
| 84 City Coral Gables, FL | 85 Zip Code 33134 |

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 *[Signature]* *[Signature]* *[Signature]* DATE **2/2/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BOND, ROBERT D | |
| STREET ADDRESS | 5048 WESTPATH TERRACE | |
| CITY-ST-ZIP | BETHESDA MD 20816 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | RYAN, PATRICIA D | |
| STREET ADDRESS | 4350 NORTH FAIRFAX DRIVE #900 | |
| CITY-ST-ZIP | ARLINGTON VA 22203-1633 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FUNARO, RITA L | |
| STREET ADDRESS | 7145 PARKVIEW AVE. | |
| CITY-ST-ZIP | FALLS CHURCH VA 22042 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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, with all other like empowered.

SIGNATURE: *[Signature]* **March 10, 1999** **703-841-3933**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)