FILE NOW: FILING FEE AFTER MAY 1 IS $00

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000090137 (8)**

1. Corporation Name
CABOR CONSULTING, INC.

Principal Place of Business	Mailing Address
3199 NW 97TH CT MIAMI FL 33172 US	3199 NW 97TH CT MIAMI FL 33172-1069 US

3. Date Incorporated or Qualified: **12/12/1994**
3a. Date of Last Report: **06/24/1996**

2. Principal Place of Business
21: 3955 ADRA AVE.
22: Suite, Apt. #, etc.
23: City & State: MIAMI
24: Zip: 33178 25: Country: USA

2a. Mailing Address
26: 3955 ADRA AVE.
27: Suite, Apt. #, etc.
28: City & State: MIAMI
29: Zip: 33178 30: Country: USA

4. FEI Number: **59-2331763** ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FISHER, MARSHALL B ESQ.
9655 SOUTH DIXIE HIGHWAY
SUITE 300
MIAMI FL 33156

10. Name and Address of New Registered Agent

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: Regist Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD CABANA, AUGUSTO 3199 NW 97TH CT MIAMI FL	☐ DELETE	1TLE / 1AME / 1REET ADDRESS / 1TY-ST-ZIP: PSD CABANA, AUGUSTO 3955 ADRA AVE MIAMI, FL 33178 ☑ Change ☐ Addition
1TLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2TLE / 2AME / 2REET ADDRESS / 2TY-ST-ZIP ☐ Change ☐ Addition
1TLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3TLE / 3AME / 3REET ADDRESS / 3TY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1TLE / 4.2AME / 4.3REET ADDRESS / 4.4TY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1TLE / 5.2AME / 5.3REET ADDRESS / 5.4TY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1TLE / 6.2AME / 6.3 STREET ADDRESS / 6.4TY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 added in connection with an address.

SIGNATURE: _____ 4/26/97 305-260-7201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #