FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 MAY -1 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000011181

1. Corporation Name
R.W. Shephard & Associates Management Consultants of Fla, Inc.

Principal Place of Business
20155 N.W. 12 pl
Miami, Fla 33169

Mailing Address

3. Date Incorporated or Qualified 2/9/95	3a. Date of Last Report N/A		
4. FEI Number 65-0554818		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 intang b e tax under s 199.032 Florida Statutes ☐ Yes ☒ No			

2. Principal Place of Business		2a. Mailing Address					
21	2283 N.W. 86 Terr	26	312 Amory Street				
Suite, Apt. #, etc		Suite, Apt. #, etc					
22	Suite 100	27	Suite 100				
City & State		City & State					
23	Miami, Fla	28	Jamaica Plains MA				
Zip	Country	Zip	Country				
24	33147 25 USA	29	02130 30 USA				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Ronald W. Shephard
82 Street Address (P.O. Box Number is Not Acceptable): 2283 N.W. 86 Terr
83
84 City: Miami FL 85 Zip Code: 33147

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: Ronald W. Shephard Ronald W. Shephard 4/6/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
TITLE	V	1 1 TITLE	V
NAME	Ricardo Roca	1 2 NAME	Ronald I White
STREET ADDRESS	15102 S.W. 104 Street #810	1 3 STREET ADDRESS	885 N.W. 152 Lane
CITY-ST-ZIP	Miami, Fla 33196	1 4 CITY-ST-ZIP	Miami, Fla 33169
TITLE	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	Pshephard, Ronald W.
STREET ADDRESS		2 3 STREET ADDRESS	2283. N.W. 86 Terr.
CITY-ST-ZIP		2 4 CITY-ST-ZIP	Miami, FL 33147
TITLE	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	500001836725
STREET ADDRESS		3 3 STREET ADDRESS	-05/23/96--01034--005
CITY-ST-ZIP		3 4 CITY-ST-ZIP	****200.00 ****200.00
TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Ronald W. Shephard Ronald W. Shephard 4/6/96 Daytime Phone # 617-983-8451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date