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

PROFIT CORPORATION ANNUAL REPORT

1997

14. I do hereby certify that the information supplied with

SIGNATURE: ×



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State 3

DOCUMENT # P95000039063 (9)

CONSORTIUM INTERNATIONAL, INC. Principal Place of Business Mailing Address P. O. BOX 010855 2820 LAKE AVENUE MIAMI BEACH FL 33140 MIAMI FL 33101-0855 3. Date Incorporated or Qualified 3a. Date of Last Report 05/29/1996 05/15/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0028878 35-F Venetian Way Not Applicable Post Office Box 010855 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required <u>Suite 119</u> City & State City & State 6. Election Campaign Financing \$5.00 May Be Miami, Florida Trust Fund Contribution 23 Miami Beach, Florida Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Zip U.S.A. 33131-0855 Yes No 24 29 U.S.A Florida Statutes 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name BROWN, TUCKER G Tucker G. Brown 2820 LAKE AVENUE Street Address (P.O. Box Number is Not Acceptable)
35-F Venetian Way 82 MIAMI BEACH FL 33140 83 Suite 119 84 <u>Miami Beach</u> 11. Pursuant to the provisions of Section office or registered agent, or both, in agent. I am familiar with, and accept 50 0552 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered by obligations of Section 607.0505, Florida Statutes. Tucker G. SIGNATURE Director Brown. ignature, Noed 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 11 TITLE DIRECTOR BROWN, TUCKER G NAME 1.2 NAME Tucker G. Brown 2820 LAKE AVENUE STREET ADDRESS 1.3 STREET ADDRESS 35-F Venetian Way, Suite 119, MIAMI BEACH FL 33140 LA CITY - ST - ZIP CITY-ST-ZIP Miami Beach, Florida 33139 2.1 TITLE DELETE Addition TITLE NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE REINSTATEMEN 3.1 TITLE TITLE 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4 1 TITLE Addition ~-7500002513967 80--05/06-8990000 NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS \*\*\*\*900.80 \*\*\*\*900.00 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 5 1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 61 TITLE Change ☐ Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

information indicated on this annual report or supplemental stratual 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 regiver 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 changes on an attachment with an address.

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes: I further certify that the

305-535-0012