AMOUNT DUE O PI CORP ANNUA	IN OR BEFORE 8/7/96: \$225 (IF DIS ROFIT PORATION AL REPORT	E DISSO SOLVED, I	OLVED ON OR AFTER AUGUST 7, 1996. , MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State					
1996 DIVISION OF CORPORATIONS						_		
DOCUM	ENT # P9500	0004	17425 (0))				
1. Corporation	A CONSULTANT AND RE		•	•				
FLORIU	A CONSULTANT AND NO	:OEANU	ON, INC.					
Principal Place of Business Maining Address						1981 1881 110 (0184 01111 88111 88111 081		II šodii didio iigal diia sabi
2000 SOUTH DIXIE HIGHWAY 2000 SOUTH DIXIE HIGHW				IGHWAY				
SUITE 113 MIAMI FL 33133			SUITE 113 Miami Fl 33133			3. Date Incorporated or Qualified	3a. Date of Last Report	
						06/19/1995	L.	
2. Principal Pra	ice of Business	2a.	. Mailing Address			4. FEI Number 65-059 4458		Applied For Not Applicable
Suite, Apt #	, etc	20	Suite, Apt #, etc			5. Certificate of Status Desired		\$8.75 Additional
City & State		27	City & State	,		Election Campaign Financing	<u> </u>	Fee Required \$5.00 May Be
3		28		, 		Trust Fund Contribution		Added to Fees
Ζ φ	Country	29	Zip	30 Co	untry	8. This corporation has liability for in Florida Statutes	ntangible Yes	tax under s. 199 032,] No
4]	9. Name and Address of Curr		tered Agent			10. Name and Address of New Reg	istered	Agent
11. Pursuant to	existered agent, or both, in the Sta	te of Floria	da. Such change war	s authorize	a by the corporat	poration submits this statement for the purion's board of directors. I hereby accept	FL irpose of the appo	85 Zip Code changing its registered intment as registered
-	n familiar with, and accept the obt	igations o	f, Section 607.0505,	Florida Sta	lutes			
	Signature itysed or printed nume of expansed. Of FICERS A			SOLE Royale	ed Agent signature requ	and when he delegal ADDITIONS/CHANGES TO OFFIC	DATE CEBS AND	DIRECTORS IN 12
TITLE	D	IND DINE	DELETE		TITLE	ADDITIONOJOI ANGEO TO OTTIC	22.110 7 11 11	Change Adoltion
NAME	BERTOT, LINDA				NAME			
CITY-ST-ZIP	2000 SOUTH DIXIE HWY (MIAMI FL 33133	F113			STREET ADDRESS City - St - Zip			
TIFLE			DELETE	21	TITLE			Change Addition
NAME STREET HODGES					NAME STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP					CITY - ST - ZIP			
THILE			DELETE		TITLE			Change Addition
NAME					NAME			
STREET ADDRESS					STREET ADDRESS			
CITY-ST-ZIP TITLE			DELETE		TITLE			Change Addition
NAME					NAME			.
STREET ADDRESS					STREET ADDRESS			
CITY-ST-ZIP					CITY ST-ZIP			Chongs Addition
TITLE			L] DELETE		TITLE			Change Addition
NAME CZOCET ADDOCCO					NAME STREET ADDRESS			
STREET ADDRESS CITY-ST ZIP					CITY-ST-2IP			
TiTLE			DELETE		TITLE			Change Addition
NAME				62	NAME			

CITY-ST-ZIP

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 efficiency or or orector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 19 or Block 13 if charged, or on an attachment with an address.

6.9 STREET ADDRESS.

SIGNATURE:

STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-285-8822