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

DOCUMENT #
1. Corporation Name P95000052841

SUAREZ CONSULTING GROUP, INC.

Principal Place of Business Mailing Address

25

SUAREZ, CARLOS F MR. 11600 S.W. 98TH COURT

11600 S.W. 98TH COURT MIAMI FL 33176

2. Principal Place of Business

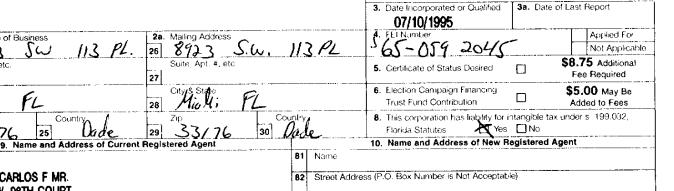
8923

Suite, Apt. #, etc

MiaM

22

11600 S.W. 98TH COURT MIAMI FL 33176



MIAMI FL 33176 Zip Code 84 City clions 607.0502 and 607.1508, Fiorida Statutes, the above named corporation submits this statement for the purpose of changing its registered office

83

Synat 13	OFFICERS AND DIRECTORS	(North Register of Agent Signature re 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ·	resident DELETE	1 º TITLE	Change Addition
NAME CO	des Fr Juanez	1.2 NAME	
	23 SW 113 PL	1.3 STREET AUORESS	
CITY-ST-ZIP Hi	all, FL 33/76	1 4 CITY - ST - ZIF	
ITLE	Derete	2 1 TillE	Change Addition
IAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
DITY-ST-ZIP		2 4 C 1Y - S1 - Z-F	
ITLE	DELETE	3 1 1016	☐ Change ☐ Addition
IAME		3.2 NAME	
SZEROCA TEENT		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY - ST - ZIP	
ITLE	DELETE	4 1 TITLE	Change Addition
IAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4.0(1Y ST-ZIF	
ITLE	☐ DELETE	5 1 Tiff(F	Change Addition
IAME		5.2 NAME	
STREET ADORESS		5.3 STREE! ADDRESS	
CITY-ST ZIP		54 CITY - ST - ZIP	
ITLE	☐ DELETE	€ 1 111.€	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADOPESS	;
CITY-ST-ZIP		6.4 SITY+ST+ZIP	

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(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 poration on the receiver or trustee emplowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changer for on an attachment with an address.

SIGNATURE: *

PAINTED HAME OF SIGNING OFFICER OR DIRECTOR

Ser-670-7630