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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000062839**1. Corporation Name

MR CONSULTING, INC.

Principal Place of Business Mailing Address							
2600 S.W. 3RD AVENUE 2600 S.W. 3RD AVENUE							
SUITE 801 SUITE 801 MIAMI FL 33129 MIAMI FL 33129					DO NOT WRITE IN THIS SPACE		
MIAMI FL 33129 MIAMI FL 33129					3. Date Incorporated or Qualifed		
					08/15/1995		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For		Applied For
26					65-0602357		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			•	5. Certificate of Status Desired Desired See Require		I	
22 27						Required	
City & State City & State			6. Election Campaign Financing \$5.00 May				
23		28			Trust Fund Contribution	· Adde	d to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		Ġ
24	25	29 3	0		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registe	red Agent	
		•	81	Name			٠
AMKGS REGISTERED AGENTS, INC. 1980 SUNBANK INTERNATIONAL CENTER ONE SE THIRD AVENUE MIAMI FL 33131			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
					The second secon		-15 (1.22 (#1.20 2)
			83	83			
			84	City	88 1	85 Zi	p Code
			1	,		FL	·
	to the provisions of Sections 607.050, egistered agent, or both, in the State m familiar with, and accept the obliga				poration submits this statement for the purposion's board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE					ed when reinstation)	-	
	Signature, typed or printed name of registered ager	· · · · · · · · · · · · · · · · · · ·	13.	it signature requir	ed when reinstating) . DAT ADDITIONS/CHANGES TO OFFICER		TORS IN 12
12.		D DIRECTORS	1.1 TITLE			☐ Chang	
TITLE	DPS		1.2 NAME	ĺ			_
NAME	ROSENFELD, MIGUEL			T 4 DD DEGG	\$ 1 kg	:	ĺ
STREET ADDRESS				TADDRESS		•	l
CITY-ST-ZIP	MIAMI FL 33129	□ DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP		[] Chang	e Addition
TITLE	V	L. DELETE	I		***		
NAME	ROSENFELD, CLARISSA D		2.2 NAME				
STREET ADDRESS	2600 SW 3RD AVE SUITE 801			TADDRESS			
CITY-ST-ZIP	MIAMI FL 33129	The section	2. 4 CITY-5	ST-ZIP		Chang	e
TITLE		☐ DELETE	3.1 TITLE			:	,
NAME ,			3.2 NAME		. ¹ *		
STREET ADDRESS				TADDRESS	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		15周續
CITY-ST-ZIP	<u> </u>	C) No. etc.	3.4. CITY-5	ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Chang	ne Addition
TITLE		☐ DELETE	4.1 TITLE			t, the Grant	7-, 4 LI 134,001
NAME			4. 2 NAME				
STREET ADDRESS				TADORESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		Chang	e Addition
	1	DELETE	5 1 TITLE	1		i junaily	yv

14. I 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 on an attachment with an address, with all other than the properties of the corporation of the corporation of 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, with all other than the properties of the corporation of t CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DELETE

DELETE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Miguel Rosenfeld

Change

☐ Addition

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90046 015 ***150.00