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

**CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000068070 (8)

MIA CONSULTING GROUP, INC.

APPROVED AND -FILED

97 AUG 13 AM 8: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place	e of Business	Mailing /	Mailing Address				* ******** *** *** **** ***** ***** ****				
8208 ALTON PO			5208 ALTON ROAD								
MIAMI BEACH I	FL 33140	MIAMI BE	EACH FL 33140-200	05							
						Date Incorp	orated or Qualified	an Da	ate of Last R	lenort	
						09/01/199			01/1996	орон	
	lace of Business	2a, Mailing Address				4, FEI Number			Ar	plied For	
21		26	· }				65-0618537 Not A			t Applicable	
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				f Status Desired		\$8.75	Additional	
22		27				5. Certificate c	Sialus Desired	<u></u>	Fee Re	quired	
City & State	•	City	Cily & State				npaign Financing		\$5.00	May Be	
23			28			Trust Fund (	Contribution		Added		
Zip	Country	Zip		Country		8. This corpora	ation has liability for	intangible	tax under s	199.032,	
24	25	29		30		Florida State		Yes [			
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
	STATE LEGAL SUPPLY CORP.			81	Name	9					
4433 OLD WINTER GARDEN RD.				62	Stree	Address (P.O. Box Num	ber is Not Acceptal	ole)			
: ORL/	ANDO FL 32811							3107			
				83			· · · · · · · · · · · · · · · · · · ·		•		
				0.4	0	*****			Haal St		
				84	City			FL	85 Zip (	Code	
11. Pursuant t	o the provisions of Sections 607.0	502 and 607.150	8, Florida Statute	s, the abov	e-name	d corporation submits thi	statement for the	urnose of	changing it	s registered	
office or re	agistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Sui ligations of Secti	ch change was ai ion 607 0505. Floi	uthorized b rida Statute	y the co	rporation's board of direc	tors. I hereby acce	ot the app	ointment as	registered	
SIGNATURE	The time that a second the ob	inganorio oi, coon	ion 601,0000,1161	rad Oldidio	J.						
	Signature, typed or printed name of registered	agent and title if applica	able. (NOTE	: Rogistered Ag	ent signatu	e required when reinstating)		DATE		<del></del>	
12.		AND DIRECTORS		13.			HANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12	
TITLE	D		T DETELE	1.1 TITLE		うるがをある	EVT	0_	Change	Addition	
NAME	RAMIREZ, JOSEFINA R			1.2 NAME		5208 AU	SATE B	ETO.	2		
STREET ADDRESS	5208 ALTON ROAD			1.3 STREE	ADDRESS	1400	on road			i	
CITY-ST-ZIP	MIAMI BEACH FL 33140			1.4 CITY - :	ST-ZIP	MIAMI BE	each, fl	. 33	140	.	
TITLE			DELETE	2.1 TITLE		GEMA HE	ANA NINE	2	Change	Addition	
NAME				2.2 NAME		5408 ALT	CAN PAGE	en .			
STREET ADDRESS				2.3 STREE	ADDRESS	14.00 HCT	on Image	> _	_ ,		
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP	MIAMI BE	each, fl	. 3	3140	•	
TITLE -			DELETE	3.1 TITLE			<u></u>		☐ Change	Addition	
NAME				3.2 NAME					-		
STREET ADDRESS				3.3 STREE	ADDRESS						
CITY-ST-ZIP				3.4. CITY-							
TITLE			DELETE	4.1 TITLE					Change	Addition	
NAME				4. 2 NAME	•	70	000022 -08/15/	(68)	<u>፫</u> ၙ구-	4	
STREET ADDRESS				4.3 STREET	ADDRESS	1	-08/15/3	յ <i>լ</i> ը_Մ	NA 1 D	16	
CITY-ST-ZIP				4.4 CITY-S			****165	າ. ບບ	*****16	5.00	
TITLE		,	DELETE	5.1 HTLE	71-24	<u> </u>	-		Change	Addition	
NAME *	* (		· -·-	5.2 NAME					onunge	, ridultion	
STREET ADDRESS	<b>V</b> •			5.3 STREET	. YDDbccc						
CITY-ST-ZIP							1				
TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	5.4 CITY - S 6.1 TITLE	11-211	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	12/12		Change	Addition	
NAME			الماران (ب			l NY	Lylly	ļ	crange	☐ Muonion	
				6.2 NAME	4885-40	ψ'					
STREET ADDRESS				6.3 STREET		<b>'</b>	•				
CITY-ST-ZIP				6.4 CITY - S	T-ZIP						

14. I do 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 sypplemental 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 cyrporation of the receipter or trailed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 in hand or on no integration with an address.