

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

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000068070 (8)**

1. Corporation Name
MIA CONSULTING GROUP, INC.

Principal Place of Business
**5208 ALTON ROAD
MIAMI BEACH FL 33140**

Mailing Address
**5208 ALTON ROAD
MIAMI BEACH FL 33140**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1200 S. ALHAMBRA CIR. Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 33146-3105 25 U.S.A.		2a. Mailing Address 26 1200 S. ALHAMBRA CIRCLE Suite, Apt. #, etc. 27 City & State 28 CORAL GABLES, FL Zip Country 29 33146-3105 30 U.S.A.		3. Date Incorporated or Qualified 09/01/1995	
		4. FEI Number 65-0618537		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**MIDSTATE LEGAL SUPPLY CORP.
4433 OLD WINTER GARDEN RD.
ORLANDO FL 32811**

10. Name and Address of New Registered Agent

81 Name **MARIA RITA de la Portilla, Esq**
82 Street Address (P.O. Box Number is Not Acceptable)
420 S. DIXIE HIGHWAY
83 **Ste. 4B**
84 City **CORAL GABLES** FL 85 Zip Code **33146**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of reg. agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, JOSEFINA R	1.2 NAME	
STREET ADDRESS	5208 ALTON ROAD	1.3 STREET ADDRESS	1200 S. ALHAMBRA CIRCLE
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP	CORAL GABLES, FLA 33146
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRETOS, CONCEPCION T	2.2 NAME	
STREET ADDRESS	5208 ALTON ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, GEMA	3.2 NAME	
STREET ADDRESS	5208 ALTON ROAD	3.3 STREET ADDRESS	Delete
CITY-ST-ZIP	MIAMI BEACH FL 33140	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 as an attachment with an address.

SIGNATURE:

JOSEFINA R. RAMIREZ, V. PRES 2/5/98 305 666-1261

CR2E034 (10/97)