## 

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPÀRTMENT OF STATE

## Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT # P 95000 08 455 TO. De C. CONSUHANTS, INC.	
1. Corporation Name	secretary of State
Λ Λ (ΔΑΙΝΕΙΝΤΑΙΝΙΝ 14NA	
O. Be C. CONBUTTADIS, IDC.	Section 1
Principal Prace of Business Mailing Address	
555 CRANDON Blud #32	
Key Biscayne, FL 33149 3. Date Incorpo	
3. Date incorpo	rated or Qualified 3a. Date of Last Report
2. Principal Place of Business 2e. Malling Address 4. FEI Number	Applied For
	32389 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Centificate of	Status Desired Status Desired Status Desired
22         27           City & State         City & State           6. Election Carr	Fee Required
23 28 Trust Fund C	paign Financing \$5.00 May Be ontribution Added to Fees
	lion has liability for intengible tax under s. 199.032,
24 25 29 30 Florida Statut	
	ddress of New Registered Agent
81 Name	
OTTO DE CORDODA  555 CRANDON! BLUD, #32  KEY BISCAPNE, FC. 33149  84 City	per ls Not Acceptable)
555 CRANDON' BLVD, # 32	
V. 72 El 28/49   83	· Lus va Priva
MEY BISCAPNE , TC. SP BA City	as 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-hamed corporation submits this office or registered agent, or both in the State of Florida, Such change was authorized by the corporation's board of direct	statement for the purpose of changing its registered toos. I hereby accept the appointment as registered.
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.	
SIGNATURE The CORDOBA	4/20/57
SIGNATURE Signature. Typed or proled name of registered agent and title if applicable. (NOTE: Registered Agent algositure required when reinstating)	4/42/87
SIGNATURE  Signature, typed or profiled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/C	HANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/C	HANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE  Signature: typed or printed name of regretared agent and title if applicable.  OFFICERS AND DIRECTORS  11.  OFFICERS AND DIRECTORS  11.  TITLE  NAME  STREET ADDRESS  GRANDON BINN # 32  12.  OFFICERS AND DIRECTORS  13.  ADDITIONS/C  12.  NAME  12.  STREET ADDRESS  STREET ADDRESS  13.  ADDITIONS/C  12.  STREET ADDRESS	HANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE Signature typed or proled name of registered agent and title if applicable. (NOTE Registered Agent algorature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/C  TITLE  NAME  Officers  Condoba  12. NAME  Officers  Condoba  13. ADDITIONS/C	HANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE  Signature. Typed or prolect name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/C  TITLE  NAME  OTO DE CORDOBA  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  12 NAME  13 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  21 TITLE	HANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  Signature: typed or printed name of registered agent and title it applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/C  TITLE  NAME  ONO DE CORDOBA  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  Key DISCAYUE, FL 33149  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	HANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/C  TITLE  NAME  ONO DE CORDOBA  STREET ADDRESS  GRANDON SIWN #32  CITY-ST-ZIP  TITLE  DELETE  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE	HANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/C  TITLE  NAME  OTO DE CORDOBA  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  2 AGITY-ST-ZIP  2 4 CITY-ST-ZIP  2 4 CITY-ST-ZIP	HANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition
SIGNATURE  Signature: typed or printed name of regretared agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/C  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  L DELETE  2.1 TITLE  2.2 NAME  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  L DELETE  DELETE  3.1 TITLE  1.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE	HANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  Signature: typed or printed name of regretared agent and title if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/C  TITLE  NAME  OTO DE CORDOBA  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  DELETE  STREET ADDRESS  CTY-ST-2P  TITLE  NAME  STREET ADDRESS  ST	HANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/C  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	HANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition
SIGNATURE  Signature: typed or printed name of regretared agent and title if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/C  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TOLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TOLE  NAME  STREET ADDRESS  CITY-ST-ZIP  ALCITY-ST-ZIP  3.3 STREET ADDRESS  3.3 STREET ADDRESS  CITY-ST-ZIP  3.4 CITY-ST-ZIP	HANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition
SIGNATURE  Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/C  TITLE  NAME  OTTO DE CORDOBA  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  3.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  1.2 NAME  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  DELETE  4.1 TITLE  DELETE  4.1 TITLE	HANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition
SIGNATURE  Signature typed or printed name of regretared agent and title if applicables. (NOTE Registered Agent algulature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/C  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  NAME  4.2 NAME  4.2 NAME	HANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition
SIGNATURE  Signature Name of replaced agent and title if applicable (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/C  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.2 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AS STREET ADDRESS	HANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition
SIGNATURE  Signature Nyped or provided name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/C  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  A1 TITLE  A2 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  A3 STREET ADDRESS  CITY-ST-ZIP  TITLE  A4 CITY-ST-ZIP  TITLE  A3 STREET ADDRESS  CITY-ST-ZIP  A4 CITY-ST-ZIP  A4 CITY-ST-ZIP  A4 CITY-ST-ZIP  A4 CITY-ST-ZIP	HANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
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SIGNATURE Signature typed or prolled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/C  TITLE  NAME  OTO DE CORDOBA  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  2.2 NAME  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  1.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  4.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  AS STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  AS STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  DELETE  5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.2 NAME	HANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
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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 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.

SIGNATURE:

May 06 1997 8:00am