

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 # P9500086231
1. Corporation Name

SOLUTIONS CONSULTING SERVICES, INC.

Principal Place of Business Mailing Address
3988 ESTEPANA AVE MIAMI, FL 33178 SAME

3. Date Incorporated or Qualified 11/8/95 3a. Date of Last Report N/A

2. Principal Place of Business 2a. Mailing Address
21 3988 ESTEPANA AVE 26
Suite, Apt. #, etc. 27
City & State MIAMI FL 28
Zip 33178 Country OADE 29
24 33178 25 OADE 30

4. FEI Number 65-0624747 Applied For Not Applicable
5. Certificate of Status Desired X \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
81 Name GARY BRADFORD
82 Street Address (P.O. Box Number is Not Acceptable)
83 3988 ESTEPANA AVE
84 City MIAMI FL 85 Zip Code 33178

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]* GARY BRADFORD DATE 4/30/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RETA BRADFORD	1.2 NAME	
STREET ADDRESS	3988 ESTEPANA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	DIRECTOR
STREET ADDRESS		2.3 STREET ADDRESS	GARY BRADFORD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	3988 ESTEPANA AVE MIAMI FL 33166
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	400001840901
STREET ADDRESS		5.3 STREET ADDRESS	-05/28/96--01035--028
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***208.75
TITLE	<input type="checkbox"/> DELETE	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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: *[Signature]* DATE: 4/30/96
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: 305 994 7673

CR2E034 (12/95)