

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 # P95000088866 (5)

1. Corporation Name

CONSULTANT SERVICES INTERNATIONAL, INC.



Principal Place of Business

200 EAST LAS OLAS BLVD.
SUITE 1900
FT. LAUDERDALE FL 33301

Mailing Address

200 EAST LAS OLAS BLVD.
SUITE 1900
FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified

11/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 17 N.W. 168th Street

26 17 N.W. 168th Street

4. FEI Number

65-0619369

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 c/o Bookman

27 c/o Bookman

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Miami, Florida

28 Miami, Florida

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33169

25 USA

29 33169

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TROP, MICHAEL L
% ATLAS PEARLMAN, TROP & BORKSON, P.A.
200 EAST LAS OLAS BLVD. SUITE 1900
FT. LAUDERDALE FL 33301

81 Name

Howard Kleier

82 Street Address (P.O. Box Number is Not Acceptable)

c/o Bookman

83

17 N.W. 168th Street

84

City Miami, Florida

FL

85

Zip Code 33169

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 registered agent, if not in applicable.

(NOTE: Registered Agent Signature required when transferring)

DATE

X 3-13-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME Howard Kleier
STREET ADDRESS 17 N.W. 168th Street
CITY-ST-ZIP Miami, Florida 33169

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE S/T ☐ DELETE
NAME Gregory Kostoff
STREET ADDRESS 17 N.W. 168th Street
CITY-ST-ZIP Miami, Florida 33169

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 officer 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-14-96

(305) 653-5597

Date

Daytime Phone #

CR2E034 (12/95)