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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
17 N.W. 168TH STREET C/O BOOKMAN MIAMI FL 33169	17 N.W. 168TH STREET C/O BOOKMAN MIAMI FL 33169-6027

3. Date Incorporated or Qualified: 11/20/1995
3a. Date of Last Report: 03/19/1996

2. Principal Place of Business
21 290 SE 28 Ave.
Suite, Apt. #, etc.
22
City & State
23 PomPANO Beach FL
Zip 24 33062 Country 25 BROWARD

2a. Mailing Address
26 290 SE 28 AVE
Suite, Apt. #, etc.
27
City & State
28 PomPANO Beach FL
Zip 29 33062 Country 30 BROWARD

4. FEI Number: 65-0619369 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

KLEIER, HOWARD
17 N.W. 168TH STREET
C/O BOOKMAN
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name: Kleier, HOWARD
82 Street Address (P.O. Box Number is Not Acceptable): 290 SE 28 AVE
83
84 City: PomPANO Beach FL 85 Zip Code: 33062

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: X Howard Kleier
Signature, typed or printed name of registered 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PKLEIER KLEIR, HOWARD 17 N.W. 168TH STREET MIAMI FL 33169	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	ADDRESS only 290 SE 28 AVE PomPANO Beach FL 33062	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KOSTOFF, GREGORY 17 N.W. 168TH STREET MIAMI FL 33169	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	ADDRESS only 290 SE 28 AVE PomPANO Beach FL 33062	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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 added to the report.

SIGNATURE: X Howard Kleier Sec/Treas 4-15-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #