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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000090380 (3)

1. Corporation Name
SA CONSULTING, INC.



Principal Place of Business

7999 N.W. 53RD ST.
MIAMI FL 33166

Mailing Address

7999 N.W. 53RD ST.
MIAMI FL 33166-4603

3. Date Incorporated or Qualified
11/27/1995

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

21 8005 N.W. 53 ST

Suite, Apt. #, etc.

22 City & State
MIAMI, FL

23 Zip
33166

Country
USA

2a. Mailing Address

26 8005 N.W. 53 ST

Suite, Apt. #, etc.

27 City & State
MIAMI, FL

28 Zip
33166

Country
USA

4. FEI Number
65-0645936

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

MOTTA, OSMAR
7999 N.W. 53RD ST.
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name
Sergio Silva

82 Street Address (P.O. Box Number is Not Acceptable)
8005 N.W. 53 ST

83

84 City
MIAMI

FL

85 Zip Code
33166

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 of registered agent or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/97

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MOTTA, OMAR
7999 N.W. 53RD ST.
MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GOMEZ, JUAN
7999 N.W. 53RD ST.
MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
FERNANDEZ, OSMAR
5209 N.W. 74 AVE., #212
MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SILVA, SERGIO E
5209 N.W. 74 AVE., #212
MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETED

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
D
MOTTA, OMAR
8005 N.W. 53 ST
MIAMI, FL 33166

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
D
GOMEZ, JUAN
8005 N.W. 53 ST
MIAMI, FL 33166

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
D
FERNANDEZ, OSMAR
8005 N.W. 53 ST
MIAMI, FL 33166

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
D
SILVA, SERGIO E.
8005 N.W. 53 ST
MIAMI, FL 33166

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
DELETED

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
DELETED

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

4/28/97 (305) 597-5577

CR2E034 (9/96)