FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95
1. Corporation Name
PELON CONSULTING, INC. P95000093784 (3)

FILED May 01 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			
11277 NW 15		11277 NW 15TH PLACE			
PEMBROKE P	INES FL 33026	PEMBROKE PINES FL 33026	}	DO NOT WRITE IN THI	C CDACE
				3. Date Incorporated or Qualified	5 5FACE
				12/11/1995	
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21/7625		26/7625 SW	3249	65-0625251	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State	<u></u>	8. Election Campaign Financing	\$5.00 May Be
23 Hi RG	man. HL	28 HIRAMAN	_	Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Country	8. This corporation owes or has paid the c	
24	25 Broward	29 33029 30	Brown	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
	N DE UR, JOSE E		B1 Name		
11277 NW 15TH PLACE B2 Street Address (P.G				Address (P.O. Box Number is Not Acceptable)	
PEMBROKE PINES FL 33026					
			83		
			84 City		last 71 Octo
	1		84 City	F	85 Zip Code
11. Pursuant t	o the provisions of Sections 807.0502	and 607.1508, Florida Statutes,	the above-named	corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap-	
office or re	egistared agent. A both, in the State of n familiar with, and accept the obligation	Florida, Such change was auth ons d. Section 607,0505, Florid	iorized by the corp a S tatutes	poration's board of directors. I hereby accept the ap	opointment as registered
SIGNATURE		+1 6x Mc.	7	خااء:	5192
SIGNATURE	Signature, typed of prived name of higestered agent	and lifte if applicable (NOTE Re	gistered Agorit signature	required when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE	PID	☐ DELETE	1.1 TITLE	PHD	Change
NAME	FONDEUR, JOSE E		1.2 NAME	Forseur, Jose El	
STREET ADDRESS	11277 NW 15TH PLACE		1.3 STREET ADDRESS	17625 SW 32 EA ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33026		1.4 City-St-ZiP	MITAH AL, FL 33029	
TITLE	VSD	☐ DELETE	21 TITLE	VSD	Change
NAME	FONDEUR, SORAYA V		2.2 NAME	Fowbeur, Sorpya V;	
STREET ADDRESS	11277 NW 15TH PLACE		2.3 STREET ADDRESS	17625 SW 32123 St.	
CITY-ST-ZIP	PEMBROKE PINES FL 33026		2. 4 CITY-S1-ZIP	MiRAMAR, PL 3302	9
TITLE		☐ DELETE	3.1 TITLE		Change
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TiTLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	•		4.3 STREFT ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE	-	Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY+ST+ZIP		
TITLE		☐ DEL e te	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby co	ertify that the information supplied with	this filling does not qualify for th	e exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further	certify that the information
Indicated on this annual report a supplemental aurural report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the conforming or the receiver or frusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in					