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Mar 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 # P96000000382 (7)

1. Corporation Name
FORD CONSULTING SERVICES, INC.



Principal Place of Business
**8000 N.W. 31ST ST.
 SUITE 100
 MIAMI FL 33122**

Mailing Address
**8000 N.W. 31ST ST.
 SUITE 100
 MIAMI FL 33122-1061**

3. Date Incorporated or Qualified **01/02/1996** 3a. Date of Last Report

2. Principal Place of Business
 21 **8000 NW 31st St**
 Suite, Apt #, etc
 22 **Suite # 10**
 City & State
 23 **Miami, FL**
 Zip Country
 24 **33122** 25 **Fla**
 26 **8000 NW 31st St**
 Suite, Apt #, etc
 27 **Suite # 10**
 City & State
 28 **Miami, FL**
 Zip Country
 29 **33122** 30 **Fla**

4. FEI Number **65-0631930** 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
MILAN, JOSE
8000 N.W. 31ST ST.
SUITE 10
MIAMI FL 33122

10. Name and Address of New Registered Agent
 81 Name **N/A**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MILAN, JOSE
STREET ADDRESS	8000 N.W. 31ST ST. SUITE 10
CITY - ST - ZIP	MIAMI FL 33122
TITLE	D <input type="checkbox"/> DELETE
NAME	ARMENTEROS, OMAR
STREET ADDRESS	8000 N.W. 31ST ST. SUITE 10
CITY - ST - ZIP	MIAMI FL 33122
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 from my attachment with an address.

SIGNATURE: **Omar Armenteros** 2/17/97 477-6422 (205)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)