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

PROFIT CORPORATION' ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000018801

1. Corporation Name

RIMAR CONSULTING GROUP, INC.

Principal	Place	of	Business	

Mailing Address

1382 SOUTHWEST 178TH WAY PEMBROKE PINES FL 33029

1382 SOUTHWEST 178TH WAY PEMBROKE PINES FL 33029

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90068 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualifed

					02/29/1996				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For		
21		26			65-0647246		ot Applicable		
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired Sa.75 Additional Fee Required				
City & State	e	City & State		<del></del>	6. Election Campaign Financing Trust Fund Contribution	T	May Be to Fees		
Zip	Country	Zip	Country	y	8. This corporation owes the current year Intar	ngible			
24	25 29 30			•	·	∐Yes	MNo		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
		<u> </u>	81	Name					
VILLAIN, JEAN-MARC 1382 SOUTHWEST 178TH WAY			-						
			82	82 Street Address (P.O. Box Number is Not Acceptable)					
	BROKE PINES FL 33029		83	<del>s </del>					
			84	City	FL.	85 Zip	Code		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligati	if Florida. Such change was at	uthorized by	, the comora	rporation submits this statement for the purpose of c tion's board of directors. I hereby accept the appoint	hanging it	s registered egistered		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE.	Pagistered #	nt skingture en av	ired when reinstating) DATE				
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	an agnatura requ	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12		
TITLE	PTD	DELETE	1.1 TITLE	<del></del>		Change			
	VILLIAN, JEAN-MARC	<u></u>	1.2 NAME			_ •			
NAME	1382 SOUTHWEST 178TH WAY			ET ADORESS					
STREET ADDRESS	PEMBROKE PINES FL 33029								
CITY-ST-ZIP	VP	☐ DELETE	1.4 CITY-1 2.1 TITLE	51-ZIP		Change	Addition		
TITLE	***	C pricit	2.1 TITLE						
NAME	VILLAIN, RITA		- E						
STREET ADDRESS	1382 SOUTHWEST 178TH WAY		•	ET ADDRESS					
CITY-ST-ZIP	PEMBROKE PINES FL 33029	□ DELETE	2. 4 CITY-	ST-ZIP		Change	Addition		
TITLE		L.J DELETE	3.1 TITLE			Gridinge			
NAME			3.2 NAME						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			3.4. CITY-			[ ] Channe	Addition		
TITLE		☐ DELETE	4.1 TITLE	i		Change			
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	ET ADDRESS					
CITY-ST-ZIP			4,4 CITY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			Change	Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	ET ADDRESS					
CITY-ST-ZIP			5.4 C(TY-						
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	ET ADDRESS					
CITY_ST_ZIP			6.4 CITY	ST-ZIP					

14. I 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, with all other like empowered.

SIGNATURE: