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May 07 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 # P96000035417 (0)

1. Corporation Name

CARDINAL CAPITAL CONSULTING, INC.

Principal Place of Business

Mailing Address

~~14201 S.W. 149th STREET~~
~~DAVE FL 33326~~

~~14201 S.W. 149th STREET~~
~~DAVE FL 33326~~

1017 S.W. 149th Lane
Sunrise, FL 33326

1017 S.W. 149th Lane
Sunrise, FL 33326

2. Principal Place of Business

2a. Mailing Address

21 1017 S.W. 149th Lane

26 1017 S.W. 149th Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Sunrise, FL

27 Sunrise, FL

City & State

City & State

23 33326

28 33326

Zip

Zip

Country

Country

24 25 DADE

29 30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE WORLD TRADE CENTER
80 S.W. 8TH STREET, SUITE 2000
MIAMI FL 33130

JUSTIN EDWARD BEALS

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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, 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 D ☒ DELETE
NAME ~~BEALS, JUSTIN EDWARD~~
STREET ADDRESS ~~80 S.W. 8TH STREET, SUITE 2000~~
CITY-ST-ZIP ~~DAVE FL 33326~~

1.1 TITLE Director & President ☐ Change ☒ Addition
1.2 NAME CHICVARA, PATRICIA M.
1.3 STREET ADDRESS 1017 S.W. 149th Lane
1.4 CITY-ST-ZIP Sunrise, FL 33326

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 (954) 916-9647

0285386

CR2E034 (9/96)