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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000053330**1. Corporation Name

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90174 016 ***150.00

CLOSING	ADMINISTRATION CONSU	JLTANTS, INC.							
Principal Place	e of Business	Mailing Address					IN 88111 88181 BI	185 11166	INGS HAIL SOIL LOCA
206 PONCE DE LEON BOULEVARD CORAL GABLES FL 33134 206 PONCE DE LEON BOULEV CORAL GABLES FL 33134 CORAL GABLES FL 33134						DO NOT WRI	TE IN THIS S	PACE	
	•					3. Date Incorporated or Qualifed			
						06/17/1996			
2 Dringing D	lace of Business	2a. Mailing Address				4. FEI Number		$\overline{}$	Applied For
	IACO OI BUSINESS	26				65-0678985		H	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.7	5 Additional
22		27				5. Certifcate of Status Desired		Fee	Required
City & State	e	City & State		_		6. Election Campaign Financing		\$5.0	00 May Be
23	•	28				Trust Fund Contribution		Add	ed to Fees
Zip	Country	Zip	Cou	ntry	,	8. This corporation owes the curr			_
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	nt Registered Agent		1		10. Name and Address of New F	Registered A	gent	
GA	rcia			81	Name				
	M ASSESSED TO A SECURE TO A SE			82	Street Addre	ess (P.O. Box Number is Not Accepte	able)		,
	PONCE DE LEON BOULEVARD								
COR	AL GABLES FL 33134			83					
				84	City			85 2	Zip Code
	,						<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.050	22 and 607.1508, Florida Statu	tes, the a	bove	-named corpo	pration submits this statement for the	purpose of o ot the appoin	hanging tment a	its registered s registered
11. Pursuant office or ragent. I a	m tamiliar with, and accept the obliga	alions of, Section 607.0303, The	Jilda Stati	uica.		oration submits this statement for the n's board of directors. I hereby accel	purpose of opt the appoin	hanging (ment a	gits registered s registered
agent. I a	Tamiliar with, and accept the obligation of registered age	nt and title if applicable. (NOT)	Jilda Stati	uica.	e-named corpo the corporation		DATE		
agent. I a	M familiar with, and accept the obligation of signature, typed or printed name of registered age OFFICERS AN	alions of, Section 607.0303, The	E: Registered	Agent		(when reinstating)	DATE		CTORS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTI	E: Registered	Agent		(when reinstating)	DATE	D DIREC	CTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D GAIUM CARVAJAL, JULISSA M	nt and title if applicable. (NOTI	E: Registered 13. 1.1 Tl	TLE		(when reinstating)	DATE	D DIREC	CTORS IN 12
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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: