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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600059871 (9)

EXECUTIVE CAREER CONSULTANTS, INC.

Principal (Place	of E	3usiness
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Mailing Address

FILED May 06 1997 8:00am Secretary of State



19285 NW 14TH PEMBROKE PIN		19285 NW 14TH ST PEMBROKE PINES FL 33029	-4507					-
					3. Date Incorporated or Qualifie 07/17/1996		ate of Last F	Report
2. Principal Pia	ace of Business	2a. Mailing Address	S 111	- J.	4. FEI Number			oplied For
21 4000			0 14	51	65 - 07320	89		ot Applicable
Suite, Apt. 6	108	Suite, Apt.#, etc.	······································		5. Certificate of Status Desired		Fee R	Additional equired
	roke Anes, FL	City & State 28 Pembroke Pives, FL Zip Country			6. Election Campaign Financing Trust Fund Contribution	7 7 7 7 7 7		
24 330E		G Florida Statutes	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
	9. Name and Address of Current R	egistered Agent		N	10. Name and Address of New	Registered	Agent	
	ZALEZ, ARMANDO JR		81	Namo				
	5 NW 14TH ST		82	Street A	Address (P.O. Box Number is Not Accep	table)		
PEME	BROKE PINES FL 33029		63					
			(63)					
			84	City		FL	85 Zip	Code
office or re	o the provisions of Sactions 607.0502 a egistered agent, or both, in the State of I in familiar with, and accept the obligatio	Florida. Such change was au	thorized by	the corp	corporation submits this statement for the poration's board of directors. I hereby ac-	e purpose o cept the app	f changing i pointment as	ts registered registered
SIGNATURE								
12.	Signature, typed or printed name of registered agent an OFFICERS AND D		Registrico Age	ni signature	required when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTOR	20 IN 12
TITLE	President	DELETE	1.1 7 ITLE		Vice President	TOLINO AINL	Change	
·		Z JR.	1.2 NAMÉ		MILAGRO DURAN_(ADTA > C		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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CITY-ST-ZIP	Pembroke Pines	EI 33029	1.4 DHY-S		Pembroke Pines,	CL 3	3039	ì
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STREET ADDRESS			2 3 B1REET	ADDRESS				
CITY-ST-ZIP			2.4 Crty-S	·				
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CITY-ST-ZIP			4.4 (J1Y - S1	1- <i>2</i> 1P				
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STREET ADDRESS			5.3 \$THEET	ADDRESS				
CITY-ST-ZIP	r		5.4 ÇITY-S	1				
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NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP				1-7IF				
	y certify that the information supplied w	ith this filing does of qualify			ated in Section 119.07(3)(i), Florida State	rtes. I furthe	r certify that	1he