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

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90041 009 ***150.00

DOCUMENT # P9600065145

1. Corporatio	n Name	F 30000		, 140	•							
	ational co	DNSULTING &	FINANC	IAL SERVICES,	, I		i					
NC.		91						1 (00)(00) (1	1303 8	INI Ba nd Bi lda 1	DESTA DESIDO DO	30 808 8 0 8 00 1
<u> </u>												
Principal Plac	e of Business	r.	Ma	iling Address			- 1	1 19411481 114		isii dalit salta t		ill midbl blit indi
1001 S BAYSHORE DR 1001 S BAYSHORE DR							j					
2104 2104 2104 MIAMI FL 33131 MIAMI FL 33131							Į	DO NOT WRITE IN THIS SPACE				
MIAMI FL 33131						ł	3. Date Incorporated or Qualified					
		•					ļ	08/05/1996	· · · ·			
2. Principal Place of Business			2a.	2a. Mailing Address				4. FEI Number			- F	Applied For
21			26	- 				65-0683332	· · · · · · · · · · · · · · · · · · ·			lot Applicable
Suite, Apt.	#, etc.	•	1	Suite, Apt. #, etc.			1	5. Certifcate of Sta	atus Desired			Additional
City & State				27								Required
⊢ -¬ '			28	City & State	•		- 1	Election Campa Trust Fund Con				May Be I to Fees
Zip		Country		Zip	Coun	trv		8. This corporation		ont year Into		1 to Pees
24	25]	29		30	,		Personal Prope		ent year inte	Yes	□No
		d Address of Curre	ent Registe	ered Agent				10. Name and Add		legistered /	gent	
			ر دوس مولا کاری ر د اور سولا کاری	1.1863	[B1 Nan	e				-	
AME	RILAWYER CH	IARTERED	Audabir.	14 35 1 738	.	B2 Stre	et Address	s (P.O. Box Number	is Not Accepta	ıble)		
	ALMERIA AVE RAL GABLES F	.1106	1	وراييا افاقيبيوف والاستادات	(_					*****	 .	
···· COr	TAL GADLES F	L 33134				B3						
			- ,		1	84 City		18, 8			85 Zip	Code*
44 B	4- 1	-4.0	.004 60	7.4500 51-34- 0-4			4		1 1 for the		1 1	
office or r	registered agent,	of Sections 607.05 or both, in the State	e of Florida	7.1508, Florida Stati 1. Such change was	utes, the aboat authorized!	ove-name	ea corpora rnotation's	illon submits this sta	itement for the	purpose or o	manging ii Itment as r	s registered egistered
						by the co	poradon	Dound of directors.	Thoreby accep	t tile opposit		
100	uni ialimal wius,	and accept the oblig	ations of,.	Section 607.0505, FI	lorida Statut	es.	porduom	board of directors,	, noteby accep	, and appoin		
SIGNATURE		•	UU	Section 607.0505, Fl	lorida Statut	es.		·	Thorsey accep	DATE	-	
100		inted name of registered ag	$igotimes_{i}^{(t)}$	Section 607.0505, Fl	lorida Statut	es.		·	·	DATE		
SIGNATURE	Signature, typed or pr	OFFICERS A	$igotimes_{i}^{(t)}$	Section 607.0505, Fl	lorida Statut	es. gent signatu		nen reinstating) ADDITIONS/CHA	·	DATE		ORS IN 12
SIGNATURE	Signature, typed or pr	OFFICERS A	(III) Jent and title if a	Section 607.0505, Fl applicable (NOT CTORS	IDrida Statut	gent signatu E		nen reinstating)	·	DATE	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE	PD SOTILLO, AN 1001 S BAY	OFFICERS A NDRES O SHORE DR #210	(III) Jent and title if a	Section 607,0505, Fl applicable (NOT CTORS	TE: Registered A 13. 1.1 TITL 1.2 NAM	gent signatu E	re required wh	nen reinstating) ADDITIONS/CHA	·	DATE	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOTILLO, AN 1001 S BAY: MIAMI FL 33	OFFICERS A NDRES O SHORE DR #210	(III) Jent and title if a	Section 607,0505, Fi	IE: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY	es. gent signatu E E E E E E E T A D D R E E E E E E E E E E E E E E E E E	re required wh	nen reinstating) ADDITIONS/CHA	·	DATE	D DIRECT ☐ Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD SOTILLO, AN 1001 S BAY	OFFICERS A NDRES O SHORE DR #210	(5) lent and title if ND DIREC	Section 607,0505, Fl applicable (NOT CTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL	es. gent signatu E E E E E T ST-ZIP E	re required wh	nen reinstating) ADDITIONS/CHA	·	DATE	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SOTILLO, AN 1001 S BAY MIAMI FL 33 S • TORTOLEDO	OFFICERS A OFFICERS A NDRES O SHORE DR #2104 131	ent and title if a ND DIREC	Section 607,0505, Fi	13. 1.1 TITL 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM	es. gent signatu E IE EET ADDRE: '-ST-ZIP E	e required wh	nen reinstating) ADDITIONS/CHA	·	DATE	D DIRECT ☐ Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD SOTILLO, AN 1001 S BAYOMIAMI FL 33 S TORTOLEDO 1001 S BAYOMIAMI	OFFICERS A NDRES O SHORE DR #210- 131 MARIA CAROUI SHORE DR #210-	ent and title if a ND DIREC	Section 607,0505, Fi	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 NAM 2.3 STRI 2.3 STRI 2.3 STRI 3.3 STRI 3.4 CITY 3.5 STRI 3.	es. gent signatu E IE FET ADDRE: - ST-ZIP E IE EET ADDRE:	e required wh	nen reinstating) ADDITIONS/CHA	·	DATE	D DIRECT ☐ Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOTILLO, AN 1001 S BAY MIAMI FL 33 S TORTOLEDO 1001 S BAY MIAMI FL 33	OFFICERS A NDRES O SHORE DR #210- 131 MARIA CAROUI SHORE DR #210-	ent and title if a ND DIREC	Section 607,0505, Fi	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITY 2.4 CITY 2.4 CITY	es. gent signatu E IE EET ADDRE: - ST-ZIP E IE EET ADDRE: Y-ST-ZIP	e required wh	nen reinstating) ADDITIONS/CHA	·	DATE	D DIRECT Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD SOTILLO, AN 1001 S BAY MIAMI FL 33 S TORTOLEDO 1001 S BAY MIAMI FL 33 TD	OFFICERS A NDRES O SHORE DR #210- 1311 O, MARIA CAROLII SHORE DR #210- 131	the ent and title if a ND DIREC	Section 607,0505, FI applicable (NOT CTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.1 TITLI 3.1 TITLI 3.1 TITLI 3.1 TITLI 3.1 TITLI	es. gent signatu E EET ADDRE: '-ST-ZIP E EET ADDRE: Y-ST-ZIP E EET ADDRE:	e required wh	nen reinstating) ADDITIONS/CHA	·	DATE	D DIRECT ☐ Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOTILLO, AN 1001 S BAY MIAMI FL 33 S TORTOLEDO 1001 S BAY MIAMI FL 33 TD. OSIO, DAVID	OFFICERS A OFFICERS A NDRES O SHORE DR #210- 1131 O, MARIA CAROLII SHORE DR #210- 1131	uent and title if I ND DIREC	Section 607,0505, FI applicable (NOT CTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM	es. gent signatu E EET ADDRE: '-ST-ZIP E EET ADDRE: Y-ST-ZIP E EET ADDRE:	e required wh	nen reinstating) ADDITIONS/CHA	·	DATE	D DIRECT Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SOTILLO, AN 1001 S BAY: MIAMI FL 33 S TORTOLEDO 1001 S BAY: MIAMI FL 33 TD. OSIO, DAVID 1001 S BAY:	OFFICERS A OFFICERS A NDRES O SHORE DR #210- 1131 O, MARIA CAROLII SHORE DR #210- 1131 O J SHORE DR #210- 1131	uent and title if I ND DIREC	Section 607,0505, FI applicable (NOT CTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.3 STRI 3.3 STRI 3.3 STRI 3.4 STRI 3.4 STRI 3.5	es. gent signatu E EET ADDRE: '-ST-ZIP E EET ADDRE: Y-ST-ZIP E	e required wh	nen reinstating) ADDITIONS/CHA	·	DATE	D DIRECT Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PD SOTILLO, AN 1001 S BAY MIAMI FL 33 S TORTOLEDO 1001 S BAY MIAMI FL 33 TD. OSIO, DAVID	OFFICERS A OFFICERS A NDRES O SHORE DR #210- 1131 O, MARIA CAROLII SHORE DR #210- 1131 O J SHORE DR #210- 1131	uent and title if I ND DIREC	Section 607,0505, FI applicable (NOT CTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.3	es. E E E E E E E E E E E E E	e required wh	nen reinstating) ADDITIONS/CHA	·	DATE	D DIRECT Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SOTILLO, AN 1001 S BAY: MIAMI FL 33 S TORTOLEDO 1001 S BAY: MIAMI FL 33 TD. OSIO, DAVID 1001 S BAY:	OFFICERS A OFFICERS A NDRES O SHORE DR #210- 1131 O, MARIA CAROLII SHORE DR #210- 1131 O J SHORE DR #210- 1131	ent and title if a ND DIREC	Section 607,0505, FI applicable (NO) CTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 3.4 CITY	es. E E E E E E E E E E E E E	e required wh	nen reinstating) ADDITIONS/CHA	·	DATE	D DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS	PD SOTILLO, AN 1001 S BAY: MIAMI FL 33 S TORTOLEDO 1001 S BAY: MIAMI FL 33 TD. OSIO, DAVID 1001 S BAY:	OFFICERS A OFFICERS A NDRES O SHORE DR #210- 1131 O, MARIA CAROLII SHORE DR #210- 1131 O J SHORE DR #210- 1131	uent and title if a ND DIREC	Section 607,0505, FI applicable (NOT CTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 NAM 2.3 STR 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STR 3.4 CITY 4.1 TITL 4.2 NAM	es. E E E E E E E E E E E E E	e required wh	nen reinstating) ADDITIONS/CHA	·	DATE	D DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SOTILLO, AN 1001 S BAY: MIAMI FL 33 S TORTOLEDO 1001 S BAY: MIAMI FL 33 TD. OSIO, DAVID 1001 S BAY:	OFFICERS A OFFICERS A NDRES O SHORE DR #210- 1131 O, MARIA CAROLII SHORE DR #210- 1131 O J SHORE DR #210- 1131	uent and title if i ND DIREC	Section 607,0505, FI applicable (NOT CTORS DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITY 4.4 CITY 4.4 CITY 4.4 CITY 4.4 CITY	es. gent signatur E BEET ADDRE: '-ST-ZIP E BEET ADDRE: '-ST-ZIP E E E E E E E E E E E E E	e required wh	nen reinstating) ADDITIONS/CHA	·	DATE	D DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	PD SOTILLO, AN 1001 S BAY: MIAMI FL 33 S TORTOLEDO 1001 S BAY: MIAMI FL 33 TD. OSIO, DAVID 1001 S BAY:	OFFICERS A OFFICERS A NDRES O SHORE DR #210- 1131 O, MARIA CAROLII SHORE DR #210- 1131 O J SHORE DR #210- 1131	uent and title if a ND DIREC	Section 607,0505, FI applicable (NOT CTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 4.1 TITL 4.2 NAM 4.3 STRI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLE	es. E E E E E E E E E E E E E	e required wh	nen reinstating) ADDITIONS/CHA	·	DATE	D DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	PD SOTILLO, AN 1001 S BAY: MIAMI FL 33 S TORTOLEDO 1001 S BAY: MIAMI FL 33 TD. OSIO, DAVID 1001 S BAY:	OFFICERS A OFFICERS A NDRES O SHORE DR #210- 1131 O, MARIA CAROLII SHORE DR #210- 1131 O J SHORE DR #210- 1131	uent and title if i ND DIREC	Section 607,0505, FI applicable (NOT CTORS DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 4.1 TITL 4.2 NAM 4.3 STRI 4.2 TITL 5.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLE 5.2 NAM	es. E E E E E E E E E E E E E	e required wh	nen reinstating) ADDITIONS/CHA	·	DATE	D DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD SOTILLO, AN 1001 S BAY: MIAMI FL 33 S TORTOLEDO 1001 S BAY: MIAMI FL 33 TD. OSIO, DAVID 1001 S BAY:	OFFICERS A OFFICERS A NDRES O SHORE DR #210- 1131 O, MARIA CAROLII SHORE DR #210- 1131 O J SHORE DR #210- 1131	uent and title if i ND DIREC	Section 607,0505, FI applicable (NOT CTORS DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STR 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR	es. gent signature E E E E E E E E E E E E E	e required wh	nen reinstäting) ADDITIONS/CHA	·	DATE	D DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP	PD SOTILLO, AN 1001 S BAY: MIAMI FL 33 S TORTOLEDO 1001 S BAY: MIAMI FL 33 TD. OSIO, DAVID 1001 S BAY: MIAMI FL 33	OFFICERS A OFFICERS A NDRES O SHORE DR #210- 1131 O, MARIA CAROLII SHORE DR #210- 1131 O J SHORE DR #210- 1131	uent and title if i ND DIREC	Section 607,0505, File applicable (NOT CTORS) DELETE DELETE DELETE DELETE	12: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CITY 5.4 CITY	es. gent signature E BE EET ADDRE: '-ST-ZIP E EET ADDRE: F-ST-ZIP E E EFT ADDRE: -ST-ZIP E E E E E E E E E E E E E	e required wh	nen reinstating) ADDITIONS/CHA	·	DATE	D DIRECT Change Change Change	ORS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SOTILLO, AN 1001 S BAY MIAMI FL 33 S TORTOLEDO 1001 S BAY MIAMI FL 33 TD OSIO, DAVID 1001 S BAY MIAMI FL 33	OFFICERS A OFFICERS A NDRES O SHORE DR #210 131 O, MARIA CAROLII SHORE DR #210 131 O J SHORE DR #210 131	NA 4	Section 607,0505, FI applicable (NOT CTORS DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STR 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR	es. gent signatur E ile EET ADDRE: '-ST-ZIP E EET ADDRE: '-ST-ZIP E E EFT ADDRE: -ST-ZIP E E E E E E E E E E E E E	e required wh	nen reinstäting) ADDITIONS/CHA	·	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP	PD SOTILLO, AN 1001 S BAY MIAMI FL 33 S TORTOLEDO 1001 S BAY MIAMI FL 33 TD OSIO, DAVID 1001 S BAY MIAMI FL 33	OFFICERS A OFFICERS A NDRES O SHORE DR #2104 1311 O, MARIA CAROLII SHORE DR #2104 131 SHORE DR #2104 131	NA 4	Section 607,0505, File applicable (NOT CTORS) DELETE DELETE DELETE DELETE	IE: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STRI 2.4 CIT 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI 6.1 TITLE 6.2 NAM 6.3 STRI 6.4 CITY 6.1 TITLE 6.2 NAM	es. gent signatur E ile EET ADDRE: '-ST-ZIP E EET ADDRE: '-ST-ZIP E E EFT ADDRE: -ST-ZIP E E E E E E E E E E E E E	s s	nen reinstäting) ADDITIONS/CHA	·	DATE	D DIRECT Change Change Change	ORS IN 12 Addition Addition Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemptor 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 op any manual ment with an address, with all other like empowered.

SIGNATURE: X

ANDRES O. SOTILL

EAND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

305-577-8999