

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

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May 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000065808 (3)

1. Corporation Name  
NANTUCKET CONSULTING INC.

Principal Place of Business  
2251 LE JEUNE ROAD  
SUITE 202  
CORAL GABLES FL 33134

Mailing Address  
P.O. BOX 141102  
CORAL GABLES FL 33114



DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |  |  |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>08/07/1996  |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>65-0683836  |  |
| 22                             | City & State        | 27                  | City & State        | Applied For<br>Not Applicable  |  |
| 23                             | Zip                 | 28                  | Zip                 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 24                             | Country             | 29                  | Country             | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
|                                |                     |                     |                     | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent   |  |  |  | 10. Name and Address of New Registered Agent                               |  |  |  |
| <del>BUCELO, ARMANDO J JR</del><br><del>2828 CORAL WAY</del><br><del>SUITE 807</del><br><del>MIAMI FL 33145</del> |  |  |  | 81 Name Mercedes Falero  |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br>2151 Le Jeune Rd. |  |  |  |
|   |  |  |  | 83 Suite 202   |  |  |  |
|   |  |  |  | 84 City Coral Gables FL 85 Zip Code 33134                                  |  |  |  |

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 *Mercedes Falero* DATE 4/30/98  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | President/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FALERO, MERCEDES                             | 1.2 NAME  | Mercedes Falero #202   |
| STREET ADDRESS             | 3951 NW 2 TERRACE                            | 1.3 STREET ADDRESS                                    | 2151 Le Jeune Rd.  |
| CITY-ST-ZIP                | MIAMI FL 33126                               | 1.4 CITY-ST-ZIP                                       | Coral Gables, FL 33134   |
| TITLE                      | D <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| NAME                       | MASVIDAL, RAUL                               | 2.2 NAME  |  |
| STREET ADDRESS             | 2151 LE JEUNE RD. SUITE 202                  | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | CORAL GABLES FL 33134                        | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE              | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| NAME                       |  | 3.2 NAME  |  |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE              | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE              | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET 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.

SIGNATURE: *Mercedes Falero, President* DATE 4/30/98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone 0169472

CR2E034 (10/97)