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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P96000066171 (5)

CONSULTAIR INC.

FILED Mar 20 1998 8:00am Secretary of State

001100	DETAIL INO.									
Principal Place	e of Business	Mailing Address				-	######################################	A MILAN CIMIL A	488) (FB) (BB)	
6417 BAY CL	UB DR.	6417 BAY CLUB DR.								
#4						20 1107 1177				
FT. LAUDERALE FL 33308-1717 FT. LAUDERDALE FL 33308			306-1717			DO NOT WRITE I	N THIS S	PACE		_
US		US				3. Date Incorporated or Qualified				
9 Principal P	lace of Business	2a. Mailing Address	<del></del>			08/07/1996 4. FEI Number			A	4
<b>-</b>	IACO OI GUSINOSS	26			65-0686686	<del></del>	Applied For Not Applicable	$\pm$		
Suite, Apt.	# etc	Suite, Apt. #, etc.			/			Additional	₽	
22	11, 510	27				5. Certificate of Status Desired	<b>U</b> /		Required	1
City & State	9	City & State			6. Election Campaign Financing	<del></del>		O May Be	┪	
23		28				Trust Fund Contribution  Added to Fees				
Zip	Zip	Country			8. This corporation owes or has paid the current year Intangible					
24	25	29	30			Personal Property Tax due June 30.  Yes No				
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Reg	Istered A	gent		
AM	ERILAWYER CHARTERED			81	Name					
343	3 ALMERIA AVENUE		F	82	Street Addre	ss (P.O. Box Number is Not Acceptable	<u> </u>			$\dashv$
CO	RAL GABLES FL 33134									
· ·			Ţ	83						7
			}	84	City			85 Zir	p Code	$\dashv$
					•		FL			
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the ab	0V0-	named corpo	oration submits this statement for the purply submits this statement for the purply succept on submits the purply succept of the purply succept of the purply submits	rpose of	changing	its registered	П
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, FI	orida Stati	utes.	ine corporatio	on's board of directors. Thereby accept	me app	JIIIIIII EIIL E	is registered	
SIGNATURE										
	Signature, typed or printed name of registered ago			Ageni	l signature required	d when reinstaling)	DATE			46
12.	PD OFFICERS AN	D DIHECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICE	RS AND	☐ Change		18
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STREET ADDRESS					DDRESS					1
CITY-SI-ZIP			6.4 CIT							
	ertify that the information cumplied w	ith this filing does not qualify f				action 119 07/3Vi) Florida Statutos I fe	uthor poe	tifu that th	a intermetion	┪ .

4. 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:

T. When !!

T.R. ARCHEL

3/10/99

(954)776-8473