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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT C STATE

Sandra B. Morthan

Secretary of State

DIVISION OF CORPOR JONS

DOCUMENT # P96000066417 (2)

MAJESTIC CONSULTING SERVICES, INC.

FILED Feb 18 1997 8:00am Secretary of State



	of Rusiness	Mailing Address			I 108114881 118 TOTO BEFOR ABIOT DONA DATE	Batte Bilba Birte Bir		
Principal Place of Business 17208 NW 68 CT.		17208 NW 66 CT.	Mailing Address					
MIAMI FL 33015		MIAMI FL 33015-4640				•		
					3. Date Incorporated or Qualified 08/09/1996	3a. Date of t	ast Re	port
2. Principal Pla	ace of Business	2a. Mailing Address		***************************************	4. FEI Number		App	olied For
1		26			59-3393423			Applicabl
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		. 75 A	dditional quired
City & State	,	City & State			6. Election Campaign Financing	\$!		May Be
3		28	- r - a -		Trust Fund Contribution		dded to	
<i>Z</i> ıp ∷1	Country	Zip	Coun	iry	6. This corporation has liability for in	ntangible tax ur Yes ☐ No	ider s.	199.032,
24	9. Name and Address of C	urrent Registered Agent	30		Florida Statutes 10. Name and Address of New Reg			
ልሶስ	ISTA, PAULA H	birott riegisteree Agent		11 Name	10. regule and Secures 6, regulate	Jistorou Agorii		
			L					
17208 NW 68 CT. MIAMI FL 33015			ε	Street Add	fress (P.O. Box Number is Not Acceptab	le)		
iain.Mj	III I F BOATA		8	13				
			[8	City		FL 85	Zip C	Code
11. Pursuant to	o the provisions of Sections 60	7.0502 and 607.1508. Florida Sta	utes, the abo	ove-named cor	poration submits this statement for the pation's board of directors. I hereby accep	urnose of chan	ging its	registered
agent. I an	m familiar with, and accept the	obligations of, Section 607.0505,	Florida Statu	tes.				
agent. Lan SIGNATURE	m familiar with, and accept the Signature typed or printed hards of register	red agent and little if sopt cable (N	Florida Statu OTE: Registered	tes.	uired when relinstating)	DATE		
agent I an SIGNATURE	m familiar with, and accept the Squature Typed or printed serve of register OFFICER:	red agent and title of applicable (A S AND DIRECTORS	OTE: Registered /	tes. Agent signature requ	Uired when reinslating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE		
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information indicated on this annual report of 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Daytime Priorie

0122112