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

FILED May 04 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000067605 (1) BUSINESS DEVELOPMENT CONSULTING GROUP, INC. Principal Place of Business Mailing Address PO BOX 602722 PO BOX 602722 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/14/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For BOSO TATUM WATERWAY OF YORO THTUK WATERWAY DR 65-0690791 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired # 24 # 21 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be MIRMI BEACH MANU BEACH Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 33161 30 Personal Property Tax due June 30. 25 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HUERTAS, VICTORIA PAOLO, NARDIN A 8816 COLLINS AVENUE #106 Street Address (P.O. Box Number is Not Acceptable) TOPO TATUM WATERWAY SURFSIDE FL 33154 84 City Zip Code HIA HI BEACH 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 forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar part, and accept the obligations of, Section 607.0505, Florida Statutes. re required when reinstaling) RS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 T//LE Change Addition HUERTAS . VICTO BIA NAME HUERTAS, VICTORIA A 1.2 NAME DB gogo tatuh waterway 8816 COLLINS AVENUE #106 STREET ADDRESS 1.3 STREET ADDRESS 33141 SURFSIDE FL 33154 MIAHL BEACH , FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME NARDIN, PAOLO 2.2 NAME 8816 COLLINS AVENUE #106 STREET ADDRESS 2.3 STREET ADDRESS SURFSIDE FL 33154 CITY-ST-ZIP 2. 4 CITY-ST-ZIP □ DELETE Change Addition 31 TITLE TITLE

CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition TITLE DELETE 61 TITLE Change MALIF 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

DELETE

DELETE

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change

Change

Addition

Addition

14. Thereby 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

NAME STREET ADDRESS

NAME

TITLE

NAME

CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP