



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

FILED

May 06 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																																									
<b>DOCUMENT # P96000079424</b> 1. Corporation Name <p style="text-align: center;"><b>N S Consulting Systems, Inc.</b></p>																																																																																																																													
Principal Place of Business <b>% Nelson Sanchez</b> <b>340 Sevilla Ave.</b> <b>Coral Gables, FL 33134</b>			Mailing Address <b>% Nelson Sanchez</b> <b>340 Sevilla Ave.</b> <b>Coral Gables, FL 33134</b>																																																																																																																										
2. Principal Place of Business 21 <b>% Nelson Sanchez</b> Suite, Apt. #, etc. 22 <b>340 Sevilla</b> City & State 23 <b>Coral Gables, FL</b> Zip Country 24 <b>33134</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>% Nelson Sanchez</b> Suite, Apt. #, etc. 27 <b>340 Sevilla</b> City & State 28 <b>Coral Gables, FL</b> Zip Country 29 <b>33134</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>9/25/96</b> 3a. Date of Last Report  4. FEI Number <b>65-0699246</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																									
9. Name and Address of Current Registered Agent <b>Raul J. Sanchez De Varona</b> <b>1333 South Miami Ave., Ste. 100</b> <b>Miami, FL 33130</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code																																																																																																																										
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																													
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">D/P/S</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> DELETE</td> <td style="width: 10%;">11. TITLE</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Nelson Sanchez</td> <td></td> <td>12. NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>340 Sevilla Ave.</td> <td></td> <td>13. STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>Coral Gables, FL 33134</td> <td></td> <td>14. CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td>21. TITLE</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Desiree Sanchez</td> <td></td> <td>22. NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>340 Sevilla Ave.</td> <td></td> <td>23. STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>Coral Gables, FL 33134</td> <td></td> <td>24. CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td>31. TITLE</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>32. NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>33. STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>34. CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td>41. TITLE</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>42. NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>43. STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>44. CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td>51. TITLE</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>52. NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>53. STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>54. CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td>61. TITLE</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>62. NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>63. STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>64. CITY-STATE-ZIP</td> <td></td> </tr> </table>						TITLE	D/P/S	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Nelson Sanchez		12. NAME		STREET ADDRESS	340 Sevilla Ave.		13. STREET ADDRESS		CITY-STATE-ZIP	Coral Gables, FL 33134		14. CITY-STATE-ZIP		TITLE	VP	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Desiree Sanchez		22. NAME		STREET ADDRESS	340 Sevilla Ave.		23. STREET ADDRESS		CITY-STATE-ZIP	Coral Gables, FL 33134		24. CITY-STATE-ZIP		TITLE		<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			32. NAME		STREET ADDRESS			33. STREET ADDRESS		CITY-STATE-ZIP			34. CITY-STATE-ZIP		TITLE		<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			42. NAME		STREET ADDRESS			43. STREET ADDRESS		CITY-STATE-ZIP			44. CITY-STATE-ZIP		TITLE		<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			52. NAME		STREET ADDRESS			53. STREET ADDRESS		CITY-STATE-ZIP			54. CITY-STATE-ZIP		TITLE		<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			62. NAME		STREET ADDRESS			63. STREET ADDRESS		CITY-STATE-ZIP			64. CITY-STATE-ZIP	
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<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> <div style="text-align: right;"> <b>200002177082</b>  <b>-05/13/97--01073--050</b>  <b>***165.00</b> </div>																																																																																																																													
14. I do 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 registered 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.																																																																																																																													
<b>SIGNATURE:</b>  <b>4-29-97</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:me Phone #																																																																																																																													

CR2E034 (9/96)