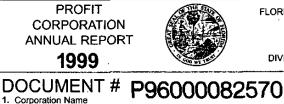
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 04, 1999 8:00 am Secretary of State 05-04-1999 90002 033 ***158.75

CEG CO	INSULTING, INC.						
•						•	
Principal Place	e of Business	Ma	ailing Address				T I TO A TO BE IN A COLUMN DE FILL OR THE COLUMN TO BE A SECTION TO BUT A TO BE IN THE COLUMN TO BE IN THE
7321 S.W. 167 STREET 7321 S.W. 1		21 S.W. 167 STRI					
MIAMI FL 33157-3874 MIAMI FL 33157-3874		4			DO NOT WRITE IN THIS SPACE		
	•						3. Date Incorporated or Qualifed
							10/03/1996
2. Principal P	lace of Business	2a.	Mailing Addres	S			4. FEI Number Applied For
21		26					65-0700068 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, et	ic.			5. Certificate of Status Desired \$8.75 Additional Fee Required
Z2 Citý & State	A	27	City & State		===		6. Election Campaign Financing \$5.00 May Be
23	,	28		-			Trust Fund Contribution Added to Fees
Zip	Country		Zip	Co	untry	,	This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Regis	tered Agent		81	Name	10. Name and Address of New Registered Agent
FINA	N, THOMAS P ESQ.				Ľ		
	ALHAMBRA CIRCLE				82	Street Add	ddress (P.O. Box Number is Not Acceptable)
	AL GABLES FL 33134				83		
					L	1	
					84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 6	07.1508, Florida	Statutes, the a	bov	e-named cor	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florications of,	a. Such change , Section 607.050	was authorize 05, Florida Sta	o by tutes	une corporar s.	ation's board of directors. Thereby accept the appointment as registered
SIGNATURE							
12.	Signature, typed or printed name of registered age OFFICERS AI			(NOTE: Registere	d Age	nt signature requi	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D OFFICERS AI	ND DINE	DELI		TLE		☐ Change ☐ Addition
NAME	GONZALEZ, CARLOS E			1	IAME		_
STREET ADDRESS	7321 S.W 167 ST.			1.3 S	TREE	TADDRESS	
CITY-ST-ZIP	MIAMI FL 33157-3874	,			ITY-S		
TITLE			☐ DEL				☐ Change ☐ Addition
NAME				2.2 N	AME	- 1	
STREET ADDRESS				2.3 9	TREE	T ADDRESS	
CITY-ST-ZIP				2.4	CITY-S	ST-ZIP	
TITLE			☐ DELI	ETE 3.1 T	ITLE		☐ Change ☐ Addition
NAME				3.2 }	IAME		{
STREET ADDRESS				3.3 \$	TREE	TADDRESS	
CITY-ST-ZIP	<u> </u>					T-ZIP	
TITLE			☐ DELI		ΠŒ		☐ Change ☐ Addition
NAME					MAME		
STREET ADDRESS		•				TADORESS	
CITY-ST-ZIP	· ·					T-ZIP	☐ Change ☐ Addition
TITLE					itle Iame	Ì	
NAME						T ADDRESS	
STREET ADDRESS						IT ADDRESS IT-ZIP	
CITY-ST-ZIP						n-AF	, Change Addition
TITLE			☐ n∈ri		IAME		, Creange Ct Audison
NAME				1		TADORESS	
STREET ADDRESS	•			0.3 3	······································		

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 of 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, with all other like empowered.

SIGNATURE:

ECARLOS EL REGONZA LEZ TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR