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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086960 (7)

SOLUTIONS CONSULTING PARTNERS, INC.

FILED Apr 30 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address							
6608 S.W. 63 SOUTH MIAN	2ND TERRACE	6606 S.W. 62ND TERRACE SOUTH MIAMI FL 33143							
GOOTH MAN	WI 1 L 33143	SOUTH MINMITE SOLA	3		DO NOT WRITE IN THIS	SPACE			
•					3. Date incorporated or Qualified				٦
					10/21/1996				1
2. Principal F	lace of Business o	2a. Mailing Address			4. FEI Number		Ac	plied For	1
21 82 L	+ TANGIER ST.	26			65-0703071	F		t Applicable	1
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8		Additional	1
22		27			5. Certificate of Status Desired			quired	1
City & Stat	91 (10) 56	City & State			6. Election Campaign Financing	\$5	5.00	May Be	1
23 COR	AL GABLES	28			Trust Fund Contribution	Added to Fees			
Zip	Country	Zip Country			8. This corporation owes or has paid the cu	rrent ye	ar Int	angible	7
2433 L	34 25 DADE	29	30			Yes] No	╛
	g, Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent]
DI	az, lazaro j		81	Name					1
66	108 S.W. 62ND TERRACE		62	Street Add	dress (P.O. Box Number is Not Acceptable)			···	┨
SC	DUTH MIAMI FL 33143			000111.00					j
]			83						7
			84	City		le: T	Zip (3-40	4
			07	City	FL	85	Zip (-00 0	1
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the abov	e-named cor	rporation submits this statement for the purpose of	fchang	jing it	s registered	1
office or i	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was ions of Section 607,0505. F	authorized b Iorida Statute	y the corpora s.	ation's board of directors. I hereby accept the app	oointme	nt as	registered	1
SIGNATURE	, <u></u>		10:7012 0101012						-
SIGNATURE	Signature typed or printed name of registered agein	and title if applicable (NC	TE: Registered Ag	ent signature requ	uired when reinstating) DATE				١
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	DIRE	CTOR	S IN 12]
TITLE	D _	DELETE	1.1 TITLE			☐ Ch	ange	Addition	
NAME	DIAZ, LAZARO J		1.2 NAME						[2
STREET ADDRESS	6608 S.W. 62ND TERRACE		1.3 STREET	ADDRESS					١٤
CITY-ST-ZIP	SOUTH MIAMI FL 33143		1.4 CITY-5	T-ZIP					18
TITLE	"	DELETE	2 1 TITLE			☐ Ch	ange	Addition	19
NAME			22 NAME						ı
STREET ADDRESS			2.3 STREET	ADDRESS					ļ
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP					╛
TITLE		☐ D€LETE	3.1 TITLE			☐ Ch	ange	Addition	1
NAME			3 2 NAME	- [
STREET ADDRESS			3.3 STREET	ADDRESS					1
CITY-ST-ZIP			3.4. CITY-	ST - ZIP					j
TITLE		DELETE	4.1 TITLE			☐ Ch	ange	Addition	1
NAME			4.2 NAME						1
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 City-5	T-ZIP					1
TITLE		DELETE	5.1 TITLE			Ch	ange	Addition	
NAME			5.2 NAME						Ī
STREET ADDRESS			5.3 STREET	ADDRESS					1
CITY-ST-ZIP	<u> </u>		5.4 CITY-S	T-ZIP					
TITLE		DELETE	6.1 TITLE			☐ Ch	ange	Addition	1
NAME			6.2 NAME	1					1
STREET ADDRESS			6.3 STREET	ADDRESS					ŀ
CITY-ST-ZIP			6.4 CITY - S						1

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 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 on an attachment with an address.

SIGNATURE:

4/12/98 605,442-1926