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

Mailing Address

1495 WEST 81 STREET

HIALEAH FL 33014-3351

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1495 WEST 81 STREET

HIALEAH FL 33014



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099703 (6)

KEY TECHNOLOGY CONSULTING GROUP CORP.

3. Date Incorporated or Qualified 3a. Date of Last Report 12/10/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0713200 1610 COSTADO ST Not Applicable 21 Suite Apt # etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, l'is A Florida Statutes Yes No 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City 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. Stgrinture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE I JUNCO 1485 W815T CR2E034 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS 33014 1.4 City-ST-ZIP CITY-ST-ZIP Change DELETE Addition 21 TITLE TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 C/TY-ST-Z/P CITY - ST - ZIF DELETE Change 3.1 TITLE Addition TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 34. CITY-ST-ZIP DELETE Change Addition 41 TITLE TIFLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIF Addition DELETE Change 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZiF DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS. 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP DIY-SI-7P

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 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.

FILED
May 09 1997 8:00am
Secretary of State

