11. P SIGNA 12. TITLE NAME STREET A CITY-ST-Z TITLE NAME STREET A CITY-ST-Z TITLE NAME STREET AL CITY-ST-Z TITLE NAME STREET AL TITLE NEME STREET AD CITY-ST-Z TITLE NAME STREET A 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 usual report or supplemental annual reports 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 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 of the corporation and address.

| UG THOOMA | OTICE: CORPORATION WILL BE D JE ON OR BEFORE 09/30/98; \$550 (IF DISS PROFIT | OLVED, MINIMUM AMOUNT DUE | | 998. APPROVED | |
|------------------------|---|--|--|--|--|
| COF | RPORATION JAL REPORT | Sandra B. Secretary | Mortham | ALES | |
| • | 1998 | DIVISION OF C | ÖRPORATIONS | 98 117 22 | |
| DOCU 1. Corporation | MENT # P970000 | 009446 (0) | | 98 OCT 22 PM 4: 39 | |
| MPV VE | SSEL MANAGEMENT, INC. | | | TALLAHASSEE OF STATE | |
| | | | | | |
| Principal Plac | ce of Business | | /ESI | | |
| | IDE CONSULTING GROUP, INC. -AVENUE, SUITE-3130 | | | | |
| MIAMI FL 8318 | | 701-BRIGKELL AVENUE, SUI MIAMI-FL-39131 | 16-3130- | DO NOT WRITE IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qualified | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | 01/30/1997 4. FEI Number Applied For | <u>, </u> |
| <u> </u> | rickell Key Drive | 26 520 Brickel | 1 Key Drive | 65-0725584 Not Applica | |
| Suite, Apt. 22 0-36 | | Suite, Apt. #, etc. 27 0-305 | | 5. Certificate of Status Desired \$8.75 Additiona Fee Required | ıŧ |
| City & Sta | te . Florida | City & State 28 Miami, Flor: | ida | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the current year Intangible | \neg |
| 24 33131 | 9. Name and Address of Current | | BO USA | Personal Property Tax due June 30. Yes No | |
| TEN | ENHOLTZ, JOHN S | кедізтегео Адепі | 81 Name | 10. Name and Address of New Registered Agent | \neg |
| | BRICKELL KEY DRIVE | | 82 Street A | ddress (P.O. Box Number is Not Acceptable) | \dashv |
| | TE O-305 | | | | |
| MIA | MI FL 33131 | | 83 | | |
| | | | 84 City | FL 85 Zip Code | |
| 11. Pursuan | t to the provisions of sections 607,0502 | and 607,1508, Florida Statutes, | , the above-named co | rporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered | \dashv |
| agent. I | | ons of, section 607.0505, Flori | da Statutes. | ration's board of directors. I hereby accept the appointment as registered | İ |
| | Signature, typed or printed name of registered agent a | | E: Registered Agent signature | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: | |
| NAME | - MARTINEZ, MANUEL | 577 ATELE | 40000 | P,S,T,D L Change AX Addi Jose Antonio Canedo White | tion |
| STREET ADDRESS | ET ADDRESS 701-BRICKELL AVENUE, UNIT 3130- | | | 520 Brickell Key Drive, Suite 0-305 | İ |
| CITY-ST-ZIP | -MIAMI-FL 33131 | | 1.4 CITY-ST-ZIP | <u> </u> | |
| NAME | | L DELETE | 00111115 | √P Change XX Addi | tion |
| STREET ADDRESS | | | | Gonzalo Gil White 520 Brickell Key Drive, Suite 0-305 | |
| CITY-ST-ZIP | | | | Miami, Florida 33131 | |
| TITLE | | DELETE | 3.1 TITLE | 600002678526 | tion |
| NAME STREET ADDRESS | | | 3.2 NAME 3.3 STREET ADDRESS | -11/03/9801014001 | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | ****\$550.00 *****550.0 | 3Ü |
| TITLE | | DELETE | 4.1 TITLE | Change Addi | tion |
| NAME | | | 4.2 NAME 4.3 STREET ADDRESS | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| TITLE | | DELETE | 5.1 TITLE | Change Addit | tion |
| NEME | | | 5.2 NAME | | ŀ |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | ١, | |
| CITY-ST-ZIP TITUE | | DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE | Charlet Addit | tion |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | V | ŀ |
| CITY-ST-ZIP | ertify that the information supplied with th | is filing does not qualify for the | 6.4 CITY-ST-ZIP exemption stated in s | section 119.07(3)(i), Florida Statutes. I further certify that the Information ure shall have the same legal effect as if made under oath; that I am | \dashv |
| indicated of | on this annual report or supplemental ar | mual reports true and accurat | e and that my signati | are shall have the same legal effect as if made under oath; that I am | |