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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000012052 (1)
1. Corporation Name

## FILED May 04 1998 8:00am Secretary of State

1. Corporation	on Name	300 12002 (1)	<i>)</i>		
F.I.G.	Consulting, Inc.				
				1 HORNIACH DIE 1810 HORN BONN SENT BONN BONN BONN BONN BONN BONN BONN BO	)
<b>5</b>					
	ce of Business	Mailing Address			. (1912 11911 69191 91115 1191 1991
19531 NE 18 COURT 19531 NE 18 COURT MIAMI FL 33179 MIAMI FL 33179					
MIMMI PL 33	5179	MIAMI FL 33179		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
	<u></u>			02/05/1997	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0729055	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Stat	10.	27			Fee Required
23 City & Star	te	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	current year intampible  Yes X No
	9. Name and Address of Curre		1001	10. Name and Address of New Registers	
RI	EISMAN, STEPHEN H		81 Name		
ONE OF ODD AVE OFF ORDO				(B.O. B. Allerten Market)	
MIAMI FL 33131				ress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statu	ites, the above-named corp		
Office or a	<b>registered agent, or both, in the Sta</b> a <b>m familiar with, and accept the obl</b> i	te of Florida. Such change was loations of, Section 607,0505, F	authorized by the corporat lorida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	,	,			
	Signature, typed or printed name of registered a		TE: Registered Agent signature requir	red when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD COLDEANN	☐ DELETE	1.1 TITLE		Change Addition
NAME	GOLDFARB, FRANK I		1.2 NAME		
STREET ADDRESS	19531 NE 18 COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33179	DOLLTE	1.4 CITY-ST-ZIP		
TITLE NAME	VSD Goldfarb, Helen P	L_ DELETE	2.1 TIPLE		Change Addition
STREET ADDRESS	19531 NE 18 COURT		2.2 NAME		
CITY-ST-ZIP	MIAMI FL 33179		2.3 STREET ADDRESS		
TITLE	WILCON LE COLLA	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		Chango ROURIUS
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-Z#P			3.4. CITY-ST-ZIP		"
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		- —
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	certify that the information supplied.	with this filing does not qualify !	or the exemption stated in	Section 119 07(3)(i) Florida Statutes, Lifurther,	certify that the information

4. 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 Insteed 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, open an attachment with any afformation.

CIGNATURE, X

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3/12/05

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