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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000016632 (6)

**BAKURI CONSULTING CORPORATION** 

**FILED** May 06 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address			. I 1991/041 130 1811/ 1851( 88/1 1811) EBIL 1811/ BBIL 1811/ BBIL 1811/ BBIL 1811/ BBIL 1811/ BBIL 1811/ BBIL
1325 NW 78 AVE., STE, 201 MIAMI FL 33126		1325 NW 78 AVE., STE. 201 MIAMI FL 33126			
					DO NOT VIDITE IN YOUR ODAOS
					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
1					02/21/1997
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0752 596   Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired 38.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28	7		Trust Fund Contribution LJ Added to Fees
Zip	Country	Zip  ::::1	Count	ry	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curren	1 Registered Agent	30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
T/		i magistered Agent	8	1 Name	
	TORRICELLA, ROBERTO A JR.			Wi	sim H. Albonno
	300 INTERNATIONAL PLACE		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)  Fure cle per Bul fute 601
100 SE SECOND STREET MIAMI FL 33131			B	3	
M	PAMI FE 33131			Cu	LUR GALLES FE
			8	4 City	FL 85 Zip Code 33134
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607 1508 Florida Sta	tutes the abo	ve-named con	rporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State	of Florida, Such change wa	ar authorized	by the corpora	ation's board of directors. I hereby accept the appointment as registered
	m ramiliar with, and accept the obliga	utons or, Rection bu 20505,	Norida Statut	es.	سنويم ل يا لا
SIGNATURE	Signature, typird or printed number of registered agen	nt and fille of a set colder 1	NON : Registered A	oent signature regu	ured when reinstating) DATE
12.	OFFICERS AND	<u></u>	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	ALBORNOZ, EMMIE T		1.2 NAM	E	
STREET ADDRESS	1325 NW 78 AVE., STE. 201		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		1,4 CITY	-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TOTLE		Change Addition
NAME ,	SEGREDO, MIRTA		2.2 NAMI	E	
STREET ADORESS	1325 NW 78 AVE., STE. 201		2.3 STRE	ET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		2. 4 CITY	'-ST-ZIP	
TITLE ▼		☐ DEL <b>ete</b>	3.1 TITLE		. Change Addition
NAME			3.2 NAM	E	
STREET ADDRESS			3.3 STRE	E1 ADDRESS	
CITY-ST-ZIP			3.4. CITY	- ST- ZIP	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAM	31	
STREET ADDRESS			4.3 STRE	E1 ADDRESS	1
CITY-ST-ZIP			4.4 CITY	- ST- <b>7</b> IP	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	·	(/L /</th
STREET ADDRESS			5 3 STRE	et address	
CITY-ST-ZIP			5.4 CITY	- ST - ZIP	$\mathcal{M}_{\mathcal{I}}$
TITLE		DELETE	6 1 1ITLE		Change Addition
NAME			6.2 NAMI	ŧ	2000025145 <b>8</b> 2 -05/07/9801008044
STREET ADDRESS			63 STRE	et addréss	
CITY-ST-ZIP			64 CITY	-ST-ZIP	***150.00

14. Thereby 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 for suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with an address.