

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0040573

PROFIT CORPORATION ANNUAL REPORT 1998
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



APPROVED
 99 MAR 12 PM 6:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000017124 (3)
 1. Corporation Name
 NEW HORIZON CONSULTANTS, INC.

Principal Place of Business Mailing Address
 4900 N.W. 36TH AVENUE 4900 N.W. 36TH AVENUE
 MIAMI FL 33142 MIAMI FL 33142

21	3570 NW 51 ST	26	3570 NW 51 ST
22		27	
23	Miami FL	28	Miami FL
24	33142 USA	29	33142 USA
25		30	

9. Name and Address of Current Registered Agent
 SAROZA, ROBERT JR
 4900 N.W. 36TH AVENUE
 MIAMI FL 33142

10. Name and Address of New Registered Agent
 81 Name Robert Saroza
 82 Street Address 3570 NW 51 ST
 83 City Miami FL 85 Zip Code 33142

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.
 SIGNATURE: Robert Saroza
 DATE: 11-21-99

12. OFFICERS AND DIRECTORS

TITLE	President	DELETE
NAME	Robert Saroza	
STREET ADDRESS	3570 NW 51 St	
CITY-ST-ZIP	Miami, FL 33142	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	Change	Addition
12 NAME	Robert Saroza		
13 STREET ADDRESS	3570 NW 51 ST		
14 CITY-ST-ZIP	Miami, FL 33142		
21 TITLE	VP	Change	Addition
22 NAME	Deisi Trigueros		
23 STREET ADDRESS	3570 NW 51 ST		
24 CITY-ST-ZIP	Miami, FL 33142		
31 TITLE	Secretary Treasurer	Change	Addition
32 NAME	Robert Saroza		
33 STREET ADDRESS	3570 NW 51 ST		
34 CITY-ST-ZIP	Miami, FL 33142		
41 TITLE		Change	Addition
42 NAME	600002814226		
43 STREET ADDRESS	-03/22/99--01143--008		
44 CITY-ST-ZIP	***900.00 ***900.00		
51 TITLE		Change	Addition
52 NAME	3/5/99		
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		Change	Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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, or on an attachment with an address.
 SIGNATURE: Robert Saroza
 DATE: 11/21/99 (305) 633 847

CR2E034 (5/98)