

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90013 043 \*\*\*158.75

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DOCUMENT # P97000024730

1. Corporation Name  
REG CONSULTING CORPORATION

Principal Place of Business  
199 OCEAN LANE DR.  
#1012  
KEY BISCAINE FL 33149

Mailing Address  
199 OCEAN LANE DR.  
#1012  
KEY BISCAINE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1997

4. FEI Number

65-0837276

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 3034 NW 82nd Ave

Suite, Apt. #, etc.

22

City & State

23 Miami, Florida

Zip

24 33122

Country

25 USA

2a. Mailing Address

26 3034 NW 82nd Ave

Suite, Apt. #, etc.

27

City & State

28 Miami, Florida

Zip

29 33122

Country

30 USA

9. Name and Address of Current Registered Agent

GONZALEZ, RODOLFO E  
199 OCEAN LANE DR.  
#1012  
KEY BISCAINE FL 33149

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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.

SIGNATURE Rodolfo E Gonzalez / President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

1/28/99

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME GONZALEZ, RODOLFO E  
STREET ADDRESS 199 OCEAN LANE DRIVE, UNIT# 1012  
CITY-ST-ZIP KEY BISCAINE FL 33149

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99 305-7183535

Date

Daytime Phone #

CR2E034 (11/98)