

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

DOCUMENT # P97000034674

1. Corporation Name
ENS CONSULTING, INC.

Principal Place of Business
22300 S.W. 252 STREET
HOMESTEAD FL 33031

Mailing Address
22300 S.W. 252 STREET
HOMESTEAD FL 33031

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90129 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/17/1997

4. FEI Number
65-0745182

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 23621 S.W. 167 Ave.

2a. Mailing Address
26 23621 SW 167 Ave

Suite, Apt. #, etc.
22 Homestead, FL

Suite, Apt. #, etc.
27 Homestead FL

City & State
23 33031 US

City & State
28 33031 US

Zip Country
24 33031 US

Zip Country
29 33031 US

9. Name and Address of Current Registered Agent

HERRAN, EMILIANO E
22300 S.W. 252 STREET
HOMESTEAD FL 33031

10. Name and Address of New Registered Agent

81 Name
Emiliano E. Herran
82 Street Address (P.O. Box Number is Not Acceptable)
23621 SW 167 Ave
83
84 City
Homestead FL 85 Zip Code
33031

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
Emiliano E. Herran Pres.
1/7/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> DELETE
NAME	HERRAN, EMILIANO E	
STREET ADDRESS	22300 S.W. 252 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERRAN, EMILIANO E	
STREET ADDRESS	22300 S.W. 252 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Herran, Emiliano E	
1.3 STREET ADDRESS	23621 SW 167 Ave	
1.4 CITY-ST-ZIP	Homestead, FL 33031	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Herran, Emiliano E.	
2.3 STREET ADDRESS	23621 SW 167 Ave	
2.4 CITY-ST-ZIP	Homestead FL 33031	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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
1/7/99 (305) 246 0348
Date Daytime Phone #

CR2E034 (11/98)