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Feb 22, 1999 8:00 am
Secretary of State

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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



DO NOT WRITE IN THIS SPACE

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

2a. Mailing Address
26 23621 SW 167 AVE

3. Date Incorporated or Qualified
04/17/1997

4. FEI Number
65-0745182 Applied For Not Applicable

22 Homestead, FL
City & State

27 Homestead FL
City & State

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

23 33031 US
Zip Country

28 33031 US
Zip Country

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

24 25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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. DATE 1/7/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST
NAME HERRAN, EMILIANO E
STREET ADDRESS 22300 S.W. 252 STREET
CITY-ST-ZIP HOMESTEAD FL 33031

1.1 TITLE PVST Change Addition
1.2 NAME Herran, Emiliano E
1.3 STREET ADDRESS 23621 SW 167 AVE
1.4 CITY-ST-ZIP Homestead, FL 33031

TITLE D
NAME HERRAN, EMILIANO E
STREET ADDRESS 22300 S.W. 252 STREET
CITY-ST-ZIP HOMESTEAD FL 33031

2.1 TITLE D Change Addition
2.2 NAME Herran, Emiliano E.
2.3 STREET ADDRESS 23621 SW 167 AVE
2.4 CITY-ST-ZIP Homestead FL 33031

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/7/99 DAYTIME PHONE (305) 246 0348

CR2E034 (1/198)