

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 20 1998 8:00am  
Secretary of State

DOCUMENT # P97000049723 (4)

1. Corporation Name

CSE CONSULTANTS SERVICE FOR ENTREPRENEURS, INC.



Principal Place of Business

Mailing Address

999 PONCE DE LEON BLVD  
SUITE 1015  
CORAL GABLES FL 33134

999 PONCE DE LEON BLVD  
SUITE 1015  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1997

4. FEI Number

65-0813328

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 2171 Sherwood Drive

Suite, Apt. #, etc.

City & State

23 South Daytona Beach

Zip

24 32119

Country

25 USA

2a. Mailing Address

26 2171 Sherwood Drive

Suite, Apt. #, etc.

City & State

28 South Daytona Beach

Zip

29 32119

Country

30 USA

9. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 N.W. 18TH STREET  
FT. LAUDERDALE FL 33311-4132

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
OCHOA, VICTOR HUGO  
STREET ADDRESS 999 PONCE DE LEON BLVD, STE 1015  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE ☒ Change ☐ Addition

12 NAME P/D  
OCHOA, VICTOR HUGO  
13 STREET ADDRESS 2171 SHERWOOD DR.  
14 CITY-ST-ZIP SOUTH DAYTONA BEACH FL 32119

2.1 TITLE ☐ Change ☒ Addition

22 NAME V  
SOTELO, MYRIAM STELLA  
23 STREET ADDRESS 2171 SHERWOOD DR.  
24 CITY-ST-ZIP SOUTH DAYTONA BEACH FL 32119

3.1 TITLE ☐ Change ☒ Addition

32 NAME S  
OCHOA, HUGO ESTEBAN  
33 STREET ADDRESS 2171 SHERWOOD DR.  
34 CITY-ST-ZIP SOUTH DAYTONA BEACH FL 32119

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME T  
OCHOA, VICTOR ALEJANDRO  
4.3 STREET ADDRESS 2171 SHERWOOD DR.  
4.4 CITY-ST-ZIP SOUTH DAYTONA BEACH FL 32119

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME S  
OCHOA, DANIEL ALBERTO  
5.3 STREET ADDRESS 2171 SHERWOOD DR.  
5.4 CITY-ST-ZIP SOUTH DAYTONA BEACH FL 32119

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.

SIGNATURE

VICTOR H OCHOA: 13-MARCH-1998-(904)304-8997

CR2E034 (10/97)