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FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000071182 (4)

1. Corporation Name

GC CONSULTING SYSTEMS, INC.

Principal Place of Business

4921 RIVERSIDE DRIVE
CORAL GABLES FL 33067

Mailing Address

4921 RIVERSIDE DRIVE
CORAL GABLES FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1997

4. FEI Number

65-0775154

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 4921 RIVERSIDE DR.

Suite, Apt. #, etc.

22 City & State

23 CORAL SPRINGS, FL

Zip

Country

24 33067

2a. Mailing Address

26 4921 RIVERSIDE DR.

Suite, Apt. #, etc.

27 City & State

28 CORAL SPRINGS FL

Zip

Country

29 33067

30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

GUSTAVO CORNEJO

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

4921 RIVERSIDE DR.

83

84 City

CORAL SPRINGS

FL

85 Zip Code

33067

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 fee if applicable

GUSTAVO CORNEJO

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CORNEJO, GUSTAVO
STREET ADDRESS 4921 RIVERSIDE DRIVE
CITY-ST-ZIP CORAL GABLES FL 33067

TITLE STD ☐ DELETE

NAME CORNEJO, ROSARIO
STREET ADDRESS 4921 RIVERSIDE DRIVE
CITY-ST-ZIP CORAL GABLES FL 33067

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

1.2 NAME

1.3 STREET ADDRESS 4921 RIVERSIDE DR.
1.4 CITY-ST-ZIP CORAL SPRINGS FL 33067

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 4921 RIVERSIDE DR.
2.4 CITY-ST-ZIP CORAL SPRINGS FL 33067

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, upon an attachment with an address.

SIGNATURE

GUSTAVO CORNEJO

GUSTAVO CORNEJO

4-10-98

954-346-8470

CR2E034 (10/97)