4-24 98 B5450 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073915 (5)

GONZALEZ CONSULTING SERVICES, INC.

Principal Place of Business		Mailing Address				a idbuidde vid rares (date aante abtte abtet abtet abtet blitt ante 1806), teld 1810 aute 1801
2588 S.W. 27		2588 S.W. 27TH AVENUE				
MIAMI FL 33133		MIAMI FL 33133			DO NOT WRITE IN THIS SPACE	
]						3. Date Incorporated or Qualified
1						08/26/1997
2. Principal Place of Business 2a. Mailing Add						4. FEI Number Applied For
21		26				65-0777934 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22		27				Fee Required
City & Stat	te	City & State			6. Election Campaign Financing \$5.00 May Be	
23 Country		Z _I p Country			Trust Fund Contribution	
Zip 24	h		30	uritir y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
241	g. Name and Address of Curre	~~~ ```\\``\\\	[30]	Τ_		10. Name and Address of New Registered Agent
00	ONZALEZ, ANGEL A			81	Name	
			20	0	(DC D)	
	88 \$. W. 27TH AVENUE AMI F L 33133			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
1 """	ram 4 E 00 100			83	-	
1						
				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 change 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 appoint						oration submits this statement for the purpose of changing its registered
agent. La	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was jations of, Section 607.0505, F	autnorize Iorida Sta	ea by itutes	ine corporati ;.	ion's board of directors. I hereby accept the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered ag			d Ago	nt signature require	ed when reinstating) DATE
12.	OFFICERS AN	ID DIRECTORS DELETE	13. 1.1 T			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	GONZALEZ, ANGEL A		1.1 I			
	675 NW 122ND PASSAGE				ADDDEGO	
STREET ADDRESS	MIAMI FL 33182		1		ADDRESS	
CITY-ST-ZIP TITLE	VD VD	DELETE	2.1 T	ITY-S	1- ZIP	Change Addition
NAME	GONZALEZ, ANGELINA B		2.2 N			
STREET ADDRESS	ATT THE SAME DISCUSS				ADDRESS	
CITY-ST-ZIP	MAMI FL 33182			CITY - S	}	
TITLE		DELETE	311			Change Addition
NAME			3.2 NAM			·
STREET ADDRESS	į.		3.3 S	TREET	ADDRESS	
CITY-ST-ZIP			3.4. (3.4. CITY-ST-ZIP		
TITLE	☐ DELETE 4.1		4.1 T	TLE		☐ Change ☐ Addition
NAME			4.21	NAME		
STREET ADDRESS			4.3 S	TREET	ADDRESS	
CITY-ST-ZIP				11Y - S	Γ- ZIP	
TITLE		DELETE	5.1 T	ITLE		Change Addition
NAME	1		5.2 N	AME		
STREET ADDRESS	ł		5.3 S	TREET	ADDRESS	
CITY-ST-ZIP	1 4		5.4 0	ITY-S	[-ZIP	

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 go an attachment with an address.

Change

Addition

FILED

Apr 24 1998 8:00am

Secretary of State

4-15-98