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

PROFIT CORPORATION

ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mürtham 🤼

Secretary of State DIVISION OF CORPORATIONS

OCUMENT #	P97000076947	(5)
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HIGH LEVEL CONSULTANTS, INC.

FILED May 22 1998 8:00am Secretary of State



	<i>*</i>									
Principal Place of Business Mailing Address			ailing Address				-			
9910 W CALUSA CLUB DR MIAMI FL 33186			9910 W CALUSA CLUB DR MIAMI FL 33186				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified		
2. Principal P	lace of Busin	ess	2a.	Mailing Address				09/05/1997 4. FEI Number Applied For		
- 		26	\neg				65-0786892 Not Applicable			
S⊔ite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional			
22		27					Fee Required			
City & State		ļ	City & State				6. Election Campaign Financing \$5.00 May Be			
Zip Country		28	Z _(i) Country				Trust Fund Contribution			
24	-	25	29	¬ ' 				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes \(\square\) No		
<u>**</u>		and Address of Curre	درات أسسار بروجوره	tered Agent	1001	Γ		10. Name and Address of New Registered Agent		
PAE	Z, VICTOR	A				B1	Name			
		A CLUB DR				82	Street Addre	dress (P.O. Box Number is Not Acceptable)		
	MI FL 3318									
						83				
						84	City	FL 85 Zip Code		
11. Pursuant t	to the provise	ons of Sections 607 05	Ω2 and 6	07 1508 Florida Statu	tes, the al	DOVE	e-named corno	pration submits this statement for the purpose of changing its registered		
office or re	e cis tered aco	ent, or both, in the Stat h, and accept the obli	le of Florid	da. Such ch ance w as	authorized	d by	the corporation	on's board of directors. I hereby accept the appointment as registered		
SIGNATURE										
Signature, byted or printed name of registered agent and title if applicable (NOTE Reg. OFFICERS AND DIRECTORS			16 Registered	d Age	nt signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	DP	OF FIGURE A	THE COLLEGE	DELETE	1.1 TC	TLE		Change Addition		
NAME	PAEZ, VI	CTOR A			1.2 N/	AME				
STREET ADDRESS 9910 W CALUSA CLUB DR			1.3 ST	1.3 STREET ADDRESS						
CiTY-ST-ZIP	MIAMI FL	. 33186			1.4 CI	TY-S	T-ZIP			
TITLE	Ď۷			☐ DELETE	2110	TLE		☐ Change ☐ Addition		
NAME	V. (34. 125) D. (11. 1552			2.2 NA		2.2 NAME				
STREET ADDRESS 9910 W CALUSA CLUB DR				2 3 STREET		ADDRESS				
CITY-ST-ZIP	MIAMI FL	33186		DELETE			ST-ZIP	Change Addition		
TITLE	DS TOLUNIO	COANIZIN		ווי מנונונ	3.1 TII			Change Li Addition		
NAME Street address), FRANKLIN CALLISA CLUB DR			3.2 N/		ADDRESS			
CITY-ST-ZIP				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP						
TITLE			4.1 70		,, £11	Change Addition				
NAME		RIBIA, MARIO			4. 2 N	AME				
STREET ADDRESS		CALUSA CLUB DR			4.3 ST	REET	ADDRESS			
CITY-ST-ZIP	MIAMI FL				4.4 Ci	TY-S	T - ZIP			
TITLE				☐ DELETÉ	5.1 TH	TLE		Change Addition		
NAME					5.2 NA					
STREET ADDRESS					5.3 \$1	REET	ADDRESS			
CITY-ST-ZIP				1 55,555	5.4 CI		T - ZIP	7 Ahren		
TITLE				DELETE	6.1 1			Change Addition		
NAME					6.2 NA		1DDDCCC			
STREET ADDRESS					i i		ADDRESS			
14. I hereby o	certify that the	information supplied	with this 1	iling does not qualify	6.4 CI for the exe	mp	tion stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information		

Indicated on this arrival report of 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 curporation 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 change that on an attachment with an address.