1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000003085
1. Corporation Name	1 0000000000000000000000000000000000000

DOCUI	MENT # P980000	003085			90 MM 45 - 6M - 21 00	
1. Corporation	NSULTING, INC.	- <u>-</u>				
DOL 00	NOOLING, INO.				The Control of the Co	
Principal Place	e of Business	Mailing Address			t concluent ein cartit their maint mater mater lette beint fibil fühl fühl	
8300 NW 74 A		8300 NW 74 AVE				
MIAMI FL 3316	•	MIAMI FL 33166			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
		·			01/12/1998	
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number Applied For Not Applied by Not Applied For	
Suite, Apt.	#, etc	Suite, Apt. #, etc.			\$8.75 Additional	
22				5. Certificate of Status Desired (Fee Required		
City & State City & State				6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees	
Zip	Country 25	Zip 29 [3	Country	f	This corporation owes the corrent year Intang-ble Personal Property Tax [Yes [No	
24]	9. Name and Address of Current	A COLOR OF THE COL	101		10. Name and Address of New Registered Agent	
		······································	81	Namelex	BARRIO	
	rilawyer Almeria avenue		82	Street Ade	ddress (P.O. Box Number is Not Acceptable)	
	IAL GABLES FL 33134				dress (P.O. Box Number is Not Acceptable)	
	VAL CADELO I E 33134		83	1		
{			84	CIM !	A.h. Tu Sty Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e named con	noration submits this statement for the nursose of changing its registered.	
office or n	egistered agent, or footh, in the State of m familiar with, and accept the obligation	Florida, Such change was aut ns of Section 607,0505, Florid	horized by la Statutes	the corporat	non's board of directors. Thereby accept the appointment as registered	
SIGNATURE	Troce	- ★-			3/8/99	
	Signature, typed or printer name of registered agent a	the same of the sa	_	disqueste region	rent where the interior is a property of the control of the contro	
12.	PTD OFFICERS AND	[DELETE	13. 11 T:FLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [Change	
NAME	BARRIOS, ALEXANDER		1.2 NAME	1	7	
STREET ADDRESS	8300 NW 74 AVE		13 \$1REET ADORESS		「おいれれれれれればの考えず「おおうち、で~~ (2)* - ロシノ24799 (111771~1873 - ****15月、11日 - *****15月、11日 (1888年)	
Cr7₹st-zip	MIAMI FL 33166		14 CHY-5	1.76	- 11-(7/24/134m - 111111 (1771) (17.5) 	
TITLE	SD	DELETE	2 1 TillE	İ	Grange Addition	
NAME	BRANDAO, LUIS F	•	2.2 NAME			
STREET ADDRESS	8300 NW 74 AVE			: ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166	[] DECETE	2 4 CiTY :	ST-209	[Change	
NAME		[] DECCT	3.2 NAME	}	[Cuaride [Moderor	
STREET ADDRESS			1	LADORESS		
CITY-ST-ZIP			34 CiTY+	i		
TITLE		[] DELFTE	4 1 TITLE		[] Change [] Addition	
NAME			4-2 NAME			
STREET ADDRESS			4.3.51RET	(ADDRESS		
CITY-ST-ZIP		Decemen	4 4 CITY-S	1-20°	r comme	
TITLE		[] DELETE	5.1 TeTuF 5.2 NAME	Ì	[' Change []Addition	
NAME STREET ADDRESS	1		1	LADDRESS		
CITY-ST-ZIP			54 CITY - 9			
TITLE		[]DELETE	61 TILF	. }	[Change [Addition	

NAME

STREET ADDRESS

CITY-ST-ZP

14. Thereby certify that the information supplied with this flung does not qualify for the exemptions stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental a mual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation or the resolver 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 adactiment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

SIGNING OFFICER OR DIRECTOR

1/25/99

305/883-5568