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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800003355

1. Corporation Name

LERA CONSULTING GROUP, INC.

May 10, 1999 8:00 am Secretary of State

05-10-1999 90096 015 ***150.00

Principal Place	of Business	Ma	illing Address				
532 MOKENA D			MOKENA DRIVE				
MIAMI SPRINGS	S FL 33166	MIA	MI SPRINGS FL 33166				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							01/09/1998
2 Principal Pl	ace of Business		Mailing Address				4. FEI Number Applied For
⊢ ¬ '	ace of business	26	waming / laurooo				6.5-0809267 Not Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.				\$8.75 Additional
22	.,	27					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		Zip Country		,	8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax.	
	9. Name and Address of Cur	ent Regist	tered Agent				10. Name and Address of New Registered Agent
LEDA	A MARTINA				81	Name	
l	N, MARTHA				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
	MOKENA DRIVE						
IVIIAN	AI SPRINGS FL 33166				83		
				ļ	84	City	85 Zip Code
							FL
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta in familiar with, and accept the obl	te of Florid	 a. Such change was a 	uthorized	bγ	the corporatio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE							
	Signature, typed or printed name of registered	<u> </u>			Agen	nt signature required	
12.	OFFICERS	AND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
TITLE	PST		☐ DELETE	1.1 TIT			☐ Change ☐ Addition
NAME	LERA, MARTHA			1.2 NA			
STREET ADDRESS	532 MOKENA DRIVE					TADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		C) DELETE	1.4 CIT		T-ZIP	☐ Change ☐ Addition
TITLE	VPD		☐ DELETE	2.1 TIT			
NAME	LERA, MARTHA			2.2 NA			
STREET ADDRESS	532 MOKENA DRIVE					TADDRESS	!
-CITY-ST-ZIP -	MIAMI, SPRINGS FL 33166		☐ DELETE	2-4 GF 3.1 ΠΤ	_	ST-ZIP	Change Addition
TITLE				3.1 (II			
NAME						T ADDRESS	
STREET ADORESS							
CITY-ST-ZIP TITLE			☐ DELETE	3.4. CI 4.1 TIT		51-ZIP	☐ Change ☐ Addition .
1				4. 2 NA			
NAME						T ADDRESS	
STREET ADDRESS							
CITY-ST-ZIP TITLE			☐ DELETE	4.4 CIT 5.1 TIT		1-211	☐ Change ☐ Addition
i I			_ DECEME	5.1 NA			
NAME						T ADDRESS	
STREET ADDRESS				5.4 CM			
CITY-ST-ZIP			☐ DELETE	6.1 TIT		1 44	☐ Change ☐ Addition
TITLE			<u></u>	6.2 NA			_ orange
NAME						T ADDRESS	· ·
STREET ADDRESS				0.3 31	1LE1	, ADDINESS	

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, with all other like empowered.

SIGNATURE:

D NAME OF SIGNING OFFICER OR DIRECTOR