**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Katherine Harris

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90126 043 \*\*\*150.00

| 1. Corporation  | MENT # P98000( EDIT CONSULTANTS, INC.  | 004694                                |   |  |                                   |                      |                 |
|---|--|---------------------------------------|---|--|-----------------------------------|----------------------|-----------------|
|   |  | Molling Address                       |   |  | IN ORNI CAND ON ID I              |                      |                 |
| Principal Place   |  | Mailing Address C/O MIGUEL M. DE LA O |   |  |                                   |                      |                 |
| C/O MIGUEL M<br>2 SOUTH BISC/   | AYNE BLVD. STE 2600  | 2 SOUTH BISCAYNE BLVD.                | STE 2600  |  | U0 004 05                         |                      |                 |
| MIAMI FL 33131  |  | MIAMI FL 33131-1802                   |   | DO NOT WRITE IN TI  3. Date Incorporated or Qualified  | HIS SPACE                         |                      |                 |
| i   |  |                                       |   | 01/15/1998   |                                   | 1                    |                 |
| 2 Departual Di  | lace of Business   | 2a. Mailing Address                   |   | 4. FEI Number  | X App                             | ied For              |                 |
| <del></del>   | .W. Third Avenue   | 26 3001 S.W. Thi                      | rd Amenue   |  | Not                               | Applicable           |                 |
| Sulte, Apt.   |  | Suite, Apl. #, etc.                   | I d 137 Cliuc   | 5. Certificate of Status Desired   | \$8.75 A                          |                      |                 |
| 22  | _  | 27                                    |   | 5. Certificate of States Debited   | Fee Rec                           |                      |                 |
| City & State  |  | City & State                          |   | 6,-Election Campaign Financing   | \$5.00                            |                      |                 |
| 23 Miami,   |  | 28 Miami, Flori                       |   | Trust Fund Contribution  | Added to                          | rees                 |                 |
| Zip   | Country  | Zip<br>22120                          | Country<br>IO USA   | <ol> <li>This corporation owes the current year<br/>Personal Property Tax.</li> </ol>                | intangible<br>☐Yes                | □No                  |                 |
| 24 33129  | 9. Name and Address of Current   | <u> </u>                              | USA   | 10. Name and Address of New Register   |                                   |                      |                 |
|   | S. Halle and Accress to Current  | Tregatores rigoria                    | 81 Name   |  |                                   |                      |                 |
| DEL   | A O, MIGUEL M  |                                       |   | e1 M. de la O<br>ddress (P.O. Box Number is Not Acceptable)  |                                   |                      |                 |
|   | OUTH BISCAYNE BLVD   |                                       |   | S.W. Third Avenue  |                                   |                      |                 |
| SUIT  | E 2600, ONE BISCAYNE TOWER   | •                                     | 83  |  |                                   |                      |                 |
| MIAN  | MI FL 33131-1802   |                                       | 84 City   |  | 85 Zip C                          | oda                  |                 |
| •   |  |                                       | Miam  | i  | ·L    3312                        | .9 I                 |                 |
| 11. Pursuant  | to the provisions of Sections 667.0502   | 2 and 607.1508, Florida Statutes      | the above-named or  | orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap | of changing its recintment as rec | egistered<br>istered |                 |
| office or n   | egistered agent, of both, in the state to<br>m familiar with, and count the obligati | ions of, Section 607.0505, Floric     | la Statutes.  | ( ) >  | 1-0100                            | 1                    |                 |
| SIGNATURE   |  | W                                     | ianel m   | i de la U  | 124199                            | }                    | _               |
|   | Signature, typed or prefed name of registered agent<br>OFFICERS ANI                  |                                       | legign red Agent signature req  | ADDITIONS/CHANGES TO OFFICERS  | AND DIRECTOR                      | RS IN 12             | CR2E034 (11/98) |
| TILE  | OFFICERS AND   | D DELETE                              | 447775  | D .  | ☐ Change                          | Addition             | Ξ               |
| NAME  |  |                                       | 1.2 NAME  | Tom Billante Avenue  |                                   | ]                    | 8               |
| STREET ADDRESS  |  |                                       | 1.3 STREET ADDRESS  | Tom Billante<br>3001 Sw Third Avenue   |                                   | ì                    | 8               |
| CITY-ST-ZIP   |  | •                                     | 1.4 CITY-ST-ZIP   | miami Florida 33129  |                                   |                      | 돲               |
| TITLE   |  | O DELETE                              | 21 TITLE  |  | Change                            | Addition             | O               |
| NAME  |  |                                       |   |  |                                   |                      |                 |
| STREET ADDRESS  | ł  |                                       | 22 NAME   |  |                                   | ſ                    |                 |
| CITY-ST-ZIP   |  |                                       | 22 NAME<br>23 STREET ADDRESS  |  |                                   |                      |                 |
|   |  |                                       | 2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP   |  | Change                            | Advition             |                 |
| TITLE   |  | ☐ DELETE                              | 23 STREET ADDRESS   |  | ☐ Change                          | ☐ Addition           |                 |
| TITLE   |  | ☐ DELETE                              | 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME   |  | ☐ Change                          | ☐ Addition           | •               |
| =   |  | ☐ DELETE                              | 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS  |  | Change                            | Addition             | • •             |
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14. I hereby certify that the information supplied with this filting 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 experiencental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver by 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 all properties with an address, with all other like empowered.

8.4 CITY-ST-ZIP

SIGNATURE:

BIGHATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR