
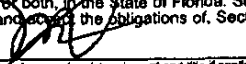


FILED
May 06, 1999 8:00 am
Secretary of State

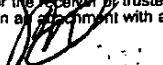
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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000004694 1. Corporation Name TAX CREDIT CONSULTANTS, INC.					
Principal Place of Business C/O MIGUEL M. DE LA O 2 SOUTH BISCAYNE BLVD. STE 2600 MIAMI FL 33131-1802			Mailing Address C/O MIGUEL M. DE LA O 2 SOUTH BISCAYNE BLVD. STE 2600 MIAMI FL 33131-1802		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 3001 S.W. Third Avenue Suite, Apt. #, etc.			2a. Mailing Address 26 3001 S.W. Third Avenue Suite, Apt. #, etc.		
22 City & State 23 Miami, Florida			27 City & State 28 Miami, Florida		
24 Zip 33129			29 Zip 33129		
25 Country USA			30 Country USA		
8. Name and Address of Current Registered Agent DE LA O, MIGUEL M 2 SOUTH BISCAYNE BLVD SUITE 2600, ONE BISCAYNE TOWER MIAMI FL 33131-1802			10. Name and Address of New Registered Agent 81 Name Miguel M. de la O 82 Street Address (P.O. Box Number is Not Acceptable) 3001 S.W. Third Avenue 83 84 City Miami		
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 changing its registered office 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			DATE 4/29/99		
SIGNATURE  miguel m de la O					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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 registered agent 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 amendment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


miguel m de la O

Date

Daytime Phone #

CR2E034 (1/98)