Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90028 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000016478 1. Corporation Name

amter (CONSULTING SERVICES,	INC.					4	
Principal Place	e of Business	Mailing Address				IS Eg itt Od sil Odio l si	Bill d ellt bilbit in	1881 1817 1881
2575 SOUTH BAYSHORE DRIVE. #11-B 2575 SOUTH BAYSHORE DRIVE.			ORIVE. #11-B					
MIAMI FL 33133 MIAMI FL 33133					DO NOT V	VRITE IN THIS	CDACE	
					3. Date Incorporated or Quali		SPACE	
ı					02/20/1998	·		
2 Deinahad Di	lace of Business	2a. Mailing Address			4. FEI Number		· Ann	lied For
	lace of business	— ·			65-0819	116		Applicable
Suite, Apt.	# etc.	26 Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	<u> </u>	\$8.75.Ad	
22		27			5. Certifcate of Status Desire	d- □ * ~	Fee Req	
City & State	e	City & State			6. Election Campaign Finance	ing	\$5.00 M	May Be
23		28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the	current year inta		
24	25	29	30		Personal Property Tax.			No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of No	w Registered A	Agent	
	MOLO ANTONIO M		81	Name		•	•	
	MOLS, ANTONIO M	#44 D	82 5	Street Addre	ss (P.O. Box Number is Not Acc	eptable)		
	S SOUTH BAYSHORE DRIVE, #	711 - D						
MIAN	AI FL 33133		83					
			84	214.			85 Zip Co	ode
			1041	City		C 1	11	
		7.4600 Fl. : II. (I)		•		FL the number of	1	
office or re	to the provisions of Sections 607.0s egistered agent, or both, in the Stat m familiar with, and accept the oblic	te of Florida. Such change was a gations of, Section 607.0505, Flor	es, the above-nuthorized by the	amed corpo e corporation	is board of directors. Thereby a	ccept the appoin	changing its regi	egistered
office or re	egistered agent, or both, in the Stat m familiar with, and accept the oblig	gations of, Section 607.0505, Flor	es, the above-nuthorized by the	amed corpo e corporation	DENT	the purpose of occept the appoin	changing its regi	egistered
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14. 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 adactment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS