## 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

09-09-1999 90003 039 \*\*\*158.75

OCUMENT # P98000019081
Corporation Name CBA CONSULTING JOHRNALISTS, INC.

Sep 09, 1999 8:00 am Secretary of State

Mailing Address   1334/S.W.   1985
Principal Place of Business    2a
Principal Place of Business    2a
Principal Place of Business    2a
Principal Place of Business  2a. Mailing Address 2b. Mailing Address 2b. Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired X \$8.75 Additions Fee Required Fee Required City & State  City & State
Suite, Apt. #, etc.    Suite, Apt. #, etc.     27
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9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. A 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9. Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent     11. Name     12. Name     13. Name     13. Name     14. Street Address (P.O. Box Number is Not Acceptable)     15. Name     16. Street Address (P.O. Box Number is Not Acceptable)     16. Street Address (P.O. Box Number is Not Acceptable)     17. Name     18. Street Address (P.O. Box Number is Not Acceptable)     18. Street Address (P.O. Box Number is
82 Street Address (P.O. Box Number is Not Acceptable)  73 3 4 1 5 W. 108 JE # 185 Zip Code  84 City FL 85 Zip Code  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, and accept the obligations of, Section 607.0505, Florida Statutes.  NATURE  Signature, typed or printed name of registered agent and triplet applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS IN 12  DELETE  1.1 ITTLE  DELETE  1.1 SAME  1.3 STREET ADDRESS  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  Change  Add  Change  Add  Change  Add  2.2 NAME  2.3 STREET ADDRESS  ST-ZIP  M 1 A m 1, F4, 33 / 86 2.4 CITY-ST-ZIP
B2 Street Address (P.O. Box Number is Not Acceptable)  83  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 virul, and accept the obligations of, Section 607.0505, Florida Statutes.  INATURE Significant in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent significant required when reinstating)  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS  12. NAME  12. NAME  13. STREET ADDRESS  ST-ZIP  DELETE  21. TITLE  Change  Add  Change  Add  City  FL  85  Zip Code  14. City  FL  85  Zip Code  15  ADDITIONS/CHANGES TO Change  Add  Change  Add  City  FL  85  Zip Code  15  ADDITIONS/CHANGES TO Change  Add  Change  Add  City  FL  85  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Add  Change  Add  Change  Add  City  FL  85  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Add  Change  Add  Change  Add  City  FL  85  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Add  Change  Add  City  FL  82  NAME  23. STREET ADDRESS  ST-ZIP  MIAMI, FL  33/86  24 CITY-ST-ZIP
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. I am familiar vitil, and accept the obligations of, Section 607.0505, Florida Statutes.  INATURE    NATURE   Signature, typed or printed name of registered agent and tright applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE
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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 an attachment with an address, with all other like empowered.

August 30, 1999

Florida Department of State Annual Reports Filings Division of Corporations P.O.Box 6327 Tallahassee, Fl. 32314

Attn: P98000019081

Dear Sir or Lady:

We would like to keep a good track with Florida state regulations and fees, but talking with our new Accountant he questions us about the payment for the Annual Corporate Report for 1999. We have no idea about such payment and never received such green packet claiming the dues.

We are requesting from your Department to waive any fees or penalties because we never received the collection letter or any indication about the time period to cover our obligation with the corporate division. We need your understanding and a check is included to pay for our first corporate duties.

Sincerely;

Note: Please, take care of our new business address.

Luis E. azuaje