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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90137 003 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000068285**

1. Corporation Name
HI-TECH CONSULTING CORP. OF PEMBROKE PINES



Principal Place of Business: 2031 N.W. 180TH WAY, PEMBROKE PINES FL 33029
 Mailing Address: 2031 N.W. 180TH WAY, PEMBROKE PINES FL 33029

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/05/1998

2. Principal Place of Business (21-24) and Mailing Address (25-28) fields with sub-fields for Suite, City, State, Zip, and Country.

4. FEI Number: **65-0851643**
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required
 6. Election Campaign Financing: **\$5.00** May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent

RUIZ, GEORGE A
 2031 N.W. 180TH WAY
 PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code
FL

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.

SIGNATURE: *George A. Ruiz* DATE: **2/17/99**

12. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> DELETE
NAME	RUIZ, GEORGE A	
STREET ADDRESS	2031 N.W. 180TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUIZ, GEORGE A	
STREET ADDRESS	2031 N.W. 180TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	S	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RUIZ GEORGE A	
1.3 STREET ADDRESS	2301 NW 180 WAY	
1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RUIZ, NELIA A	
3.3 STREET ADDRESS	2031 NW 180 WAY	
3.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *George A. Ruiz* DATE: **2/17/99** Daytime Phone #: **954 441-0301**

CR2E034 (11/98)