Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90009 006 ***158.75

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

DOCUMENT # P9800068691

1. Corporation Name

SYSTEM ONE CONSULTING, INC.

Principal Place of Business Mailing Address				-	IIIST INIIN NIILE IDINI (IB) INNI
2660 WEST 76TH STREET 2660 WEST 76TH STREET					
SUITE 107 SUITE 107		SUITE 107			
HIALEAH FL 33016 HIALEAH FL 33016			DO NOT WRITE IN THIS	SPACE	
	•			3. Date Incorporated or Qualifed 08/06/1998)
2. Principal Place of Business 2a. Mailing Address		. (=)	4. FEI Number	Applied For	
26 PO BOX 52-		6631	1 28-3443432	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional
22		27	_ ~ 4	5. Certificate of Status Desired	Fee Required
City & State City & St		City & State r	-4 ^01	6. Election Campaign Financing	\$5.00 May Be
23		28 Miami FL	onioA	Trust Fund Contribution	Added to Fees
Zip	Country		ountry	8. This corporation owes the current year into	
24	25	29 ろろ 1 30	USA	Personal Property Tax.	X Yes □No
Name and Address of Current Registered Agent				10. Name and Address of New Registered	Agent
A 1.4E	DU AMOCD		81 Name]
343 ALMERIA AVENUE			82 Street Address (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134			83		•]
			84 City		85 Zip Code
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					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.					
SIGNATURE	,				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered		red Agent signature required			
12.			3.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE	PTD ·	_	TITLE		☐ Cutange ☐ Modition
NAME	MARTINEZ, JORGE A		NAME		-
STREET ADDRESS	2660 WEST 76TH STREET	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33016		CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	SVD		TITLE		☐ Charige ☐ Addition
NAME	RODRIGUEZ, HECTOR T		NAME		•]
STREET ADDRESS	2660 WEST 76TH STREET	2.3	STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33016		4 CITY-ST-ZIP		Change Addition
TITLE	ĺ	_	ITILE		C. Change C. Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		Ì
CITY-ST-ZIP			CITY-ST-ZIP		Change Addition
TITLE	•		TITLE		Cuange C Addition
NAME			2 NAME		
STREET ADDRESS	(STREET ADDRESS		ł
CITY-ST-ZIP	<u> </u>		CITY-ST-ZiP		Change Addition
TITLE			I TITLE ! NAME		☐ Change ☐ Audit(0:1)
NAME	1		STREET ADDRESS		}
STREET ADDRESS	1				
CITY-ST-ZIP		. 5.4	CITY-ST-ZIP		Change Addition
CITY-ST-ZIP TITLE		. 5.4	CITY-ST-ZIP		. Change Addition
		. 5.4 DELETE 6.1 6.2	CITY-ST-ZIP		. Change Addition

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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE: