**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000072044

1. Corporation Name
HIS RUSINESS CONSULTANTS INC.

100 000							- ;	
Principal Place of Business Mailing Address						1 TABLES IS ABIST INIT AND	,	
7061 GRAND NATIONAL DR.STE.107A 7061 GRAND NATIONAL DR.S			STE.107A					
ORLANDO FL 32819 ORLANDO FL 32819						DO NOT WRITE IN THIS SPACE	ı	
						3. Date Incorporated or Qualifed	, '	
						08/17/1998	:	
2. Principal Place of Business 2s. Mailing Address			,			4. FEI Number Applied For		
		26				59-35-55456 - Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				_ \$8.75 Additional	l	
22		27				5. Certificate of Status Desired Fee Required	i	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees	,	
Zip	Country	Zip	Con	ntry		This corporation owes the current year Intangible	ĺ	
24	25	29 30	0			Personal Property Tax. Yes No	l	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
TODO CHIRTHI D				81	Name	1		
toro, ruben d 7354 Sand Lake ro.,Ste. 202				82 Street Address (P.O. Box Number is Not Acceptable)			ļ	
ORLANDO FL 32819				83		1		
•				84	City	EI 85 Zip Code		
						FL		
11. Pursuant office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607,1508, Florida Statutes, f Florida. Such change was auth ons of, Section 607,0505, Florida	, me ai norized a Statu	by th tes.	named con ne corporati	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or printed name of registered agent of					ed when revisibing) DATE	æ	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ğ	
TITLE	-		1,1 111	t,1 mLE PR		PRESIDENT Change Addition	CR2E034 (11/98)	
NAME	PAULO ROBERTO DE SOUZA		1.2 NA	12NAME PA		PAULD ROBERTO DE SOUZA	8	
STREET ADDRESS			1.3 STREET ADDRESS 7		DORESS 7	1949 ST. ANOKEWS CIK.	띯	
CITY-ST-ZIP	ORLANDO - FL - 32835				ZIP (	ORLANDO-FL-32835	2	
TITLE	☐ DELETE 21 m				☐ Change ☐ Addition	, <b>~</b> ,		
NAME	<b>■</b> **-			2.2 NAME			,	
diaz.rosas . 1				23 STREET ADDRESS				
CITY-ST-ZIP				2.4 CITY-ST-ZIP		` Change	i	
TITLE	DELETE 3.1TT				Company Communication	سرا		
NAME			3.2 NA					
- STREET ADDRESS		· <del></del>	•		CDRESS		ſ	
CITY-ST-ZIP	<u> </u>			3.4, CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition	<b>-</b> .	
TITLE	G Section		ŀ	4.2 NAME		_ ,	, î	
NAME STREET ADDRESS			1		DORESS		ı	
STREET ADDRESS				Y-ST-2				
CITY-ST-ZIP	·····		5.1 TI			· Change Addition		
NAME		<del></del>	5.2 NA					
STREET ADDRESS			5.3 ST	REETA	DORESS			
CITY-ST-ZIP	AUPESS		5.4 CIT	ITY-ST-ZIP			,	
TITLE			6.1 TiT	TLE		☐ Change ☐ Addition		
NAME	e la face de la		6.2 NA	ME				
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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 of 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 tike empowered.

SIGNATURE:

FILED Apr 15, 1999 8:00 am Secretary of State 04-15-1999 90048 023 \*\*\*150.00