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Secretary of State
04-26-1999 90067 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # **P98000072523**

1. Corporation Name
WHITE BROTHERS CONSULTING, INC.

Principal Place of Business
~~777 BRICKELL AVE. SUITE 1070~~ 1221 Brickell Ave Suite 1740
MIAMI FL 33131

Mailing Address
~~777 BRICKELL AVE. SUITE 1070~~ 1221 Brickell Ave Suite 1740
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/19/1998

4. FEI Number
Applied For
☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 1221 Brickell Ave, 1740
Suite, Apt. #, etc.
22 1740
City & State
23 Miami, FL USA
Zip 24 33131 Country 25

2a. Mailing Address
26 1221 Brickell Ave, 1740
Suite, Apt. #, etc.
27 1740
City & State
28 Miami, FL USA
Zip 29 33131 Country 30

9. Name and Address of Current Registered Agent
KNIGHT, JEFFERSON P
777 BRICKELL AVE, SUITE 1070
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WHITE, GUILLERMO C	
STREET ADDRESS	777 BRICKELL AVE, SUITE 1070	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	☐ DELETE
NAME	WHITE, JOSE A	
STREET ADDRESS	777 BRICKELL AVE, SUITE 1070	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VICE-PRESIDENT	☐ DELETE
NAME	GONZALO GIL-WHITE	
STREET ADDRESS	1221 BRICKELL AVE-SUITE 1740	
CITY-ST-ZIP	MIAMI, FLORIDA 33131	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Vice President	☐ Change ☒ Addition
3.2 NAME	Gonzalo Gil-White	
3.3 STREET ADDRESS	1221 Brickell Avenue, #1740	
3.4 CITY-ST-ZIP	Miami, FL 33131	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: SIGNATURE REQUIRED 305-533-1541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GONZALO GIL-WHITE, VICE-PRES.