

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

FILED
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90001 012 ***550.00

DOCUMENT # P98000072653

1. Corporation Name
EPOCH CONSULTING GROUP, INC.



Principal Place of Business

Mailing Address

~~7120 N UNIVERSITY DR
MIAMI, FL 33124~~

~~7120 N UNIVERSITY DR
MIAMI, FL 33124~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1998

2. Principal Place of Business

2a. Mailing Address

21 89 NE 166 St

26 9990 SW 77 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 Suite 330

23 Miami, FL

28 Miami, FL

Zip

Country

24 33162

25 Miami-Dade

Zip

Country

29 33156-2699

30 Miami-Dade

4. FEI Number

Applied For

X65-0857703

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.

X Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARGOLIS, JOHN A
9990 SW 77TH AVE, STE 330
MIAMI FL 33156-2699

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D. ☐ DELETE

NAME ALVAREZ, RICARDO

STREET ADDRESS ~~7120 N UNIVERSITY DR~~

CITY-ST-ZIP ~~MIAMI, FL 33124~~

TITLE D. ☐ DELETE

NAME ALVAREZ, KAREN S

STREET ADDRESS ~~7120 N UNIVERSITY DR~~

CITY-ST-ZIP ~~MIAMI, FL 33124~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

89 NE 166 Street

Miami, FL 33162

89 NE 166 St

Miami, FL 33162

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/99

305/595-1911

Date

Daytime Phone #

CR2E034 (11/98)

0301457