PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherle Harris,

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000089169

PLATINUM CONSULTING, INC.

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Principal Place	e of Business	Mailing Address				4 lebeidet in term sain marit autig getal			
5105 S.W. 63RD COURT 5105 S.W. 63RD COURT									
MIAMI FL 33155 MIAMI FL 33155						DO NOT WRITE IN THIS SPACE			
]						3. Date Incorporated or Qualifed	IIG OF AUE	<u> </u>	
}						10/19/1998			
		A Malling Add				10/ 19/ 1990 4. FEI Number	11,	Applied For	
2. Principal Place of Business 2a. Mailing Address						125-0874395		lot Applicable	
26								Additional	
						5. Certificate of Status Desired	•	Regulred	
22 City & Stat		City & State				6. Election Campaign Financing		May Be	
<u> </u>		28		~~ ~ .		Trust Fund Contribution		to Fees.	
Zip	Country	Zip	Col	untry		8. This corporation owes the current year			
⊢ .	25 29 30			•		Personal Property Tax.	ŬYes	□No	
24 25 29 30					10. Name and Address of New Registered Agent				
				81	Name				
MAR	rmish, Paul M				Charat Addre	Out of the state o			
3390	KAPOT TERRACE			82	atreet Addre	ss (P.O. Box Number is Not Acceptable)			
MIR/	AMAR FL 33205			83					
							Tarl Tar	Code	
				84	City	F	85 Zip	Code	
	to the annihilate of Continue 607.05	02 and 607 1508. Florida Sta	tutos the s	hove	a-named como			ts registered	
office or r	registered agent, or both, in the State	of Florida. Such change was	s authorized	d by I	the corporation	ration submits this statement for the purpose is board of directors. I hereby accept the app	ointment as r	egistered	
agent, la	im familiar with, and accept the oblig	ations of, Section 607.0505, I	Flonda Stat	tutes.	•				
SIGNATURE			OTE. Parietara	d Acoust	t signature required i	shee constation) DATE			
12.	Signature, typed or printed name of registered ag	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	
TITLE	D	DELETE					Change		
NAME	REYNAUD, BARBARA		1.2 N						
STREET ADDRESS	EARL OLIV ANDS COURT		1		ADDRESS				
	MIAMI FL 33155		1						
CITY-ST-ZIP	MOUNT FL 00100		140	TV. CT					
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NAME		☐ DELETE	2.1 17	TILE	1-21-		Change	Addition	
1		☐ DELETE	2.1 Ti 2.2 N	TTLE LAME			Change	Addition	
STREET ADDRESS		☐ DELETE	21 Ti 22 N 23 S	TTLE LAME TREET	ADDRESS		Change	Addition	
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CITY-ST-ZIP TITLE		☐ DELETE	21Ti 22N 23S 2.40	TITLE LAME TREET CITY-ST	ADDRESS		☐ Change		
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CITY-ST-ZIP TITLE			21 TI 22 N 23 S 2.4 C 3.1 TI 3.2 N 3.3 S	TTLE TAME TREET TTLE TAME TREET	ADDRESS T-ZIP ADDRESS				
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May 05, 1999 8:00 am Secretary of State

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this fijing does not qualify for the exemption stated in Section 119.07(3)(i), Floride Statutes. I further certify that the information indicated on this annual report or supplemental angular report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the policy of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in