

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
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90050 018 ***150.00

DOCUMENT # *998000107624* *Vol*
1. Corporation Name
MiAacle Consulting Group, Inc.

Principal Place of Business Mailing Address
2255 Glades Road
Suite 324, Atrium
Boca Raton, FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12-29-98

4. FEI Number ☒ 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 2a. Mailing Address
21 *2255 Glades Rd* 26 *2255 Glades Rd.*
Suite, Apt. #, etc. *Suite 324* Suite, Apt. #, etc.
Atrium 27 *Suite 324, Atrium*
City & State 28 *Boca Raton, FL*
Boca Raton, FL City & State
Zip 3341 Country 29 *3341* 30 *Palm Bch*
Palm Bch. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Mario D. German, Esq.
100 East Sample Road
Suite 320
Pompano Beach, FL 33064

81 Name *N/A*
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 *Mario D. German*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

4/31/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME *President*
STREET ADDRESS *Mario D. German*
100 E. Sample Rd, Ste 320
CITY-ST-ZIP *Pompano Bch, FL 33064*
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
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
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

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: *Mario D. German* *Mario D German* *4/31/99* *(954) 788-7979*
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E034 (11/98)