FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 17 1997 8:00am

, , , , ,	1997			CORPORATIONS		Secre	ary	of S	tate
	MENT # \$2 ATIONAL STRATEC	20063 GIC CONSULTAN	(1) ITS CORP.						1111 124)
Principal Place of Business 1 SE 3 AVE #1400 MIAMI FL 33131		1 SE #140	Maiting Address 1 SE 3 AVE #1400 MIAMI FL 33131-1777						
					1	 Date Incorporated or Qualifie 12/14/1990 		atc of t ast F 18/1996	eport
2. Principal P	lace of Business	2a. 1 26	Mailing Address			4. FET Number 65-0234563			oplied For of Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional oquired
City & Stat	C		Dity & State	·-····································		Election Campaign Financing Trust Fund Contribution		\$5.00	May Be to Fees
Zip 24	Country 25	29 ss of Current Registe	(ip	Country 30		8. This corporation has liability (Florida Statutes 0. Name and Address of New	Yes	□ No	199.032,
11. Pursuant office or ragent. I a SIGNATURE	Signature typed or printed name		oppheade (NO	83 84 City Ites, the above-named authorized by the corlorida Statutes. 11 Finglish red Agent signatur.	l corpora poration'	(P.O. Box Number is Not Acception submits this statement for the sheard of directors. I hereby account resisting) ADDITIONS/CHANGES TO OF	FL purpose o epit the app	D DIRECTOR	ls registered registered
TITLE NAME	STERNLIEB, HERBE 13221 SAINT TROP		Detrie	1.1 TILLE 1.2 NAME	-	HEVER HARSH COVE		[] Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PALM BEACH GARD VD MEYER, SUSANNE 1 SE 3 AVE #1400	DENS FL	DELETÉ	1.3 STAFET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STAFET ADDRESS	1 '	BEARN GARDENS F	લ	Change	☐ Addilion
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL PD MEYER, KLAUS 1 SE AVE #1400 MIAMI FL		DÉTETÉ	2. 4 City - \$1-7IP 3.1 Title 3.2 NAME 3.3 STREET ADDRESS 3.4. City - \$1-7IP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DLIETÉ	4 1 THLE 4 2 NAME 4.3 STREET ADDRESS 4.4 City-St-7ip		······ · · · · · · · · · · · · · ·		Change	Addition
TITLE NAME STREET ADDRESS			D DETLIE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		.	🗖 DITEÏE	5 4 CHY ST 24P 6.1 THE 6.2 NAME 6.3 STREET ADORESS 6.4 CHY ST 21P				Change	Addition

14. I do 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 of 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 changes, or on an attachment with an address.