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

PROFIT



	DRPORATION JUAL REPORT*  Secretary of State Division of Corporations					Secretary of State			
	MENT # s61240 consultants, inc.								
14994 S	e of Business .W. 305th Terrace ad, Florida 33033	Ma ing Address							
	Sarie of Hussicas	2a. Mailing Addres				3. Date Incorporated or Qualified 06/20/91 4. FEI Number	3a. Date of 06/21	/96	
21	(9) (1, f) Dressuras	26	5			65-0269295		<del></del>	plied For Applicable
5.mc Ar-	# etc	Suite, Apt #, et	c					<b></b>	dditional
City & Sta <b>23</b>		City & State				6. Election Campaign Financing Trust Fund Contribution	<u> </u>	5.00 Added to	Fees
7(0 <b>24</b> ]	Country <b>25</b> ]	Zip 29	30 Co	ountry			Yes 🔲 No	}	199.032,
	9. Name and Address of Curi	ent Registered Agent		81	Name	10. Name and Address of New Regi	stered Agen	<u> </u>	<del></del>
-	GERBER, P.A.	_		82	Street Add	ress (P.O. Box Number is Not Acceptable	<u> </u>		
	d Towers South - Pl uth Dadeland Bouley				- Street Mod	ress (10) box Hambel is Not Nocoptable			
	uth baderand boule. Florida 33156	ard		83					
				84	City		FL 85	Zip C	ode
11. Parspart office or agent Ta	to the provisions of Sections 607.0 regintered agents or both, in the Sta an furnillar walls and accept the Jo	502 and 607 1508, Florida ate of Florida, Such change furtions of, Section 607.05	Statutes, the was authoriz 05, Florida St	above ed by alutes	-named corp the corpora	poration submits this statement for the pur tion's board of directors. I hereby accept	nose of char	iging its ent as r	registered egistered
SIGNATURE	Suguetan By He ported name of registered	agent and this 4 applicable	(NOTE Hearste	red Aper	: signature regu	rod when reinstating)	DATE		
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICE		CTORS	3 IN 12
000	President/Director		8	TOLE	}			hange	Addition Addition
NAME KILLER MODELS I	OSVALDO DESCHAPELI			NAME STREET I	ADDRESS				
CHY-SI ZIF	Homestead, Florida			CITY-ST					
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51-9-140-00-95 - 60-5-15-1			- 1	STREET A	ADDRESS }				
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F 1 F		[] DECE	ı	I-IFE	)		FJC	nange	Addition
TAME SHEET ARE US	1			NAME SIREET I	ADDRESS			P	2/1/
5 1012 5 760 5 15 - - 6813 15 - 765			- 1	CITY-ST	- 1				MI
	ı Fy cemiy that the information sapp	hed with this filing does not				d in Section 119.07(3)(i), Florida Statutes.	Hurther certi	fy that t	he

The responsibility that the more activities are activities and activities and accurate and that my signature shall have the same legal effect as if made under oath; that then are efficiently the corporation of the receiver or fusite empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Book 13 of changing or on an areachment with an address.