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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

S73813

(5)

MIS CONSULTING & EDITORIAL SERVICES, CORP.

Principal	Place	of	Business				

Mailing Address

## FILED Feb 06 1998 8:00am Secretary of State



11407 LIKEVIEW DER CORAL SPRINGS FL 33071-6344			11407 LIKEVIEW DER CORAL SPRINGS FL 33071-6344				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  08/12/1991					
2. Pri	ncipal Place of Busi	ness	2a. Mailing Add	tress			4. FEI Number	· _ [	ĪΑ	pplied For		
21 26				65-0284925			-	ot Applicable				
Suite. Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required					
City 23	y & Stato						6. Election Campaign Financing \$5.00 May  Trust Fund Contribution Added to Fee					
Zip 24		Country 25	2 <sub>1</sub> p	3	Gountry <b>o</b>		This corporation owes or has paid the cu     Personal Property Tax due June 30.	rrent y		tangible No		
<u> </u>		and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent				
	Cataluna, \				81	Name						
11407 LAKEVIEW DR. CORAL SPRINGS FL 33071-3344					82	Street Ac	Address (P.O. Box Number is Not Acceptable)					
					83							
					84	Cily	Fl	85	Zip	Code		
off ag	tice or registered ag gent. I am f <b>a</b> miliar w	sions of Sections 607.0502 gent, or both, in the State of ith, and accept the obligat	t Florida. Such cha	nge was auf	ihorized hy	the coron	orporation submits this statement for the purpose or ration's board of directors. I hereby accept the app	f chan ointme	ging i	ts registered registered		
SIGNA		For printed name of registered agent	and tille it apple able	(NOTE: I	togistered Age	nt signature rec	Quired when reinstating) DATE					
12.		OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	DIRE	CTO	RS IN 12		
TITLE	"P"			ELETE	1.1 TILLE			☐ CI	nange	☐ Addition		
NAME	CATALU	JNA, VICTOR			1.2 NAMÉ					į		
STREET A					1.3 STREET	ADDRESS						
CITY-ST	***	SPGS., FL 33071			1.4 CITY- S	I - 7IP						
TITLE	ST			ELF TE	211IILE			☐ Cr	nange	Addition 1		
NAME		INA, VICTORIA TORRE			2.2 NAME					Ì		
STREET A		AKEVIEW DR.			2.3 STREET	ADDRESS						
CITY-ST-	-ZIP CURAL	SPGS., FL 33071		<del></del>	2.4 CITY - S	T - 7(P	- <del> </del>					
TITLE			L_J 13	ELETE	3.1 TITLE			∐ Cr	nange	Addition [		
NAME					3.2 NAME							
STREET A	į.				3.3 STREET							
CITY-ST-	- ZIP			ELETE	34 CITY-S	1 · 21P		☐ Cr	2000	Addition		
NAME			L (	LLL IL	4 1 TITLE 4. 2 NAME			6	iai iĥe	L. Addition		
STREET A	pperce					**************************************						
CITY-ST-	1				4.3 STREET							
TITLE	ZIF		—————————————————————————————————————	ELFTE	4.4 CHY-ST 5.1 THLE	. 211	1	l Ch	iange	Addition		
NAME					5.2 NAME				ungo			
STREET A	nnares				53 STREET	NUNDECC.						
CITY-ST-					5.4 C/TY-SI					ĺ		
TITLE	F.11			ELETE	6.1 THLE	- Lot		☐ Ch	ange	Addition		
NAME			·-									
				1	6.2 NAME					l		
STREET A	DORESS				6.2 NAME 6.3 STREET	ADDRESS						

14. Thereby 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 logal effect as if made under oath, that I am an officer or director of the occuproration or the proceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or an interhement with a page 15.

What I salli

1/2.1/200 (054) 244 25E