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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 15 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # S93821

(4)

BUSINESS AUTOMATION CONSULTANTS, INC.

		Elimino, mo-			178 - B.	
Principal Place	of Business	Mailing Address			ATRI BIBIF BIBIF DIBIT BIBIF BIBIF QIDIL IBBI	
14750 NW 77		14750 NW 77TH CT				
#110		#110				
MIAMI LAKES FL 33016		MIAMI LAKES FL 33016	MIAMI LAKES FL 33016		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 11/12/1991		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0296821	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State		• Firsting Oranging Financia		
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has p		
24	25	29	30	Personal Property Tax due Jun	—	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New R	egistered Agent	
PEI	REZ, TERESA		81 Name	Perez, Tarcsa		
18329 SW 3RD ST. 82 Street A			Idress (P.O. Box Number is Not Accepts	(ble)		
PEMBROKE PINES FL 33029			18076 S.W. 26th COUT			
	•		83			
			84 City		85 Zip Code	
				11RAMAR	FL 35020	
				proporation submits this statement for the		
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						
Signature, typed or printed numb of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
TITLE	CEO OFFICERS AN	DELETE	13.		Change Addition	
NAME	RAMANATHAN, MAHENDRAN			mahendran Ran		
STREET ADDRESS	18329 SW 3RD ST.	1	1.3 STREET ADDRESS	18076 SW 26 C	MAT	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	}	1.4 CITY-ST-ZIP	Luramar, FL	33070	
TITLE	CFO	DELETE		CPO	Change Addition	
NAME	PEREZ, TERESA	7		Teresa Perez	, ,	
STREET ADDRESS	18329 SW 3RD ST.	•	2.3 STREET ADDRESS	10001100 10 31001	DA 42	
CITY-ST-ZIP	PEMBROKE PINES FL 33029		2. 4 CITY - ST - ZIP	18076 S.W. 2600	33029	
TITLE		DELETE	3.1 TITLE	······································	Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		Ì	
CITY-ST-ZIP		T DELETE	5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	ertify that the information cumuliad w	ith this filing does not qualify to	6.4 CITY-ST-ZIP	in Section 119.07(3)(i), Florida Statutes.	I further certify that the information	
indicated	on this annual report or supplementa	annual report is true and acc	urate and that my signal	ture shall have the same legal effect as	if made under oath; that I am an	
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 employered to exacute 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 apprears.						