FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V57582 (1)

1. Corporate Name
PROFESSIONAL CONSULTANTS OF AMERICA, INC.

Principal Office Address
13 SE 16TH ST.
FT. LAUDERDALE FL 33316

Mailing Address
13 SE 16TH ST.
FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/10/1992
3a. Date of Last Report: 05/01/1994

2. Principal Office Address
21
Suite, Apt. # or Bldg.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. # or Bldg.
27
City & State
28
Zip
29
County
30

4. FEI Number: 65-0348291
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. The corporation is publicly traded and is exempt from the filing fee under s. 215.20(3), Florida Statutes. [ ] Yes [✓] No

9. Name and Address of Current Registered Agent

GUPTA, M.P.
13 SE 16TH ST.
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of section 607.0505 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. The corporation is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

(Print Name) (Signature of Current Registered Agent or Officer) (Date)

12. OFFICERS AND DIRECTORS

DP
GUPTA, M.P.
13 SE 16TH ST.
FT. LAUDERDALE FL 33316

13. ADDITIONS, CHANGES OR DELETIONS AND DIRECTORS

Change [ ] Add [ ]
Change [ ] Add [ ]
Change [ ] Add [ ]
Change [ ] Add [ ]
Change [ ] Add [ ]
Change [ ] Add [ ]

14. To the best of my knowledge and belief, the facts stated herein are true, and I am familiar with and authorized to execute this report, pursuant to the provisions of Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR

0224744 CP