

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000014195

1. Corporation Name

ADVANCED CONSULTING SERVICE, INC.

Principal Place of Business

Mailing Address

10320 SW 89 Avenue
Miami, FL 33176

10320 SW 89 Avenue
Miami, FL 33176

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
2-21-94

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0478050

Applied For

Not Applicable

21. Suite, Apt #, etc

26. Suite, Apt #, etc

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24. Zip

Country

29. Zip

30. Country

B. This corporation has liability for intangible tax under § 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Chris Korge
10320 SW 89 Avenue
Miami, FL 33176

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 sections 607.0502 and 607.1508, 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. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature must be printed name of registered agent or the corporation)

(Typed name of registered agent or the corporation)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY, ST, ZIP

D
Korge, Chris
10320 SW 89 Avenue
Miami, FL 33176

Change Addition

15. TITLE
16. NAME
17. STREET ADDRESS
18. CITY, ST, ZIP

600001468456
-04/28/95--01039--007
****200.00 ****200.00

Change Addition

19. TITLE
20. NAME
21. STREET ADDRESS
22. CITY, ST, ZIP

Change Addition

23. TITLE
24. NAME
25. STREET ADDRESS
26. CITY, ST, ZIP

Change Addition

27. TITLE
28. NAME
29. STREET ADDRESS
30. CITY, ST, ZIP

4/20/95
Chris Korge

Change Addition

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP

14. I, the hereby certify that the information supplied with this filing is voluntarily furnished, and I agree that equally for the description stated in Section 119.07(2)(b), Florida Statutes, I further certify that the information declared on the 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. I am an officer or director of the corporation or the registered agent and I file this report as required by Chapter 107, Florida Statutes, and that my name appears on Block 12 of Block 13 of changed or group attachment with an address.

SIGNATURE:

Chris Korge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris Korge 4-17-95 (305) 574 1222