

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90058 023 \*\*\*158.75

DOCUMENT # 646178

1. Corporation Name

ADMINISTRATIVE SERVICES, INC.

Principal Place of Business

7990 S.W. 117TH AVENUE  
MIAMI FL 33283-6000

Mailing Address

7990 SW 117 AVE  
BOX 839000  
MIAMI FL 33183-6000

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1979

4. FEI Number

59-1953076

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional

Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 33183 25 Country USA

2a. Mailing Address

26 7990 SW 117 Avenue

27 Suite, Apt. #, etc.

28 City & State  
Miami, FL

29 Zip 33183 30 Country USA

9. Name and Address of Current Registered Agent

CASTRO, ANTONIO J  
7990 S.W. 117TH AVENUE  
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name William I. Grossman

82 Street Address (P.O. Box Number is Not Acceptable)  
7990 SW 117 Avenue

83 City & State  
MIAMI FL

84 City Miami FL 85 Zip Code 33183

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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

William I. Grossman Director 2/16/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☒ DELETE  
NAME GONZALEZ, ISABEL  
STREET ADDRESS 7990 SW 117TH AVE  
CITY-ST-ZIP MIAMI FL 33183

TITLE D ☐ DELETE  
NAME GROSSMAN, WILLIAM I  
STREET ADDRESS 7990 S.W. 117TH AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE STV ☒ DELETE  
NAME CASTRO, ANTONIO J.  
STREET ADDRESS 7990 S.W. 117TH AVENUE  
CITY-ST-ZIP MIAMI FL 33183

TITLE P ☐ DELETE  
NAME SALTZMAN, DAVID A  
STREET ADDRESS 7990 SW 117TH AVE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby 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 legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute 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 address, with all other like empowered.

SIGNATURE:

William I. Grossman, Director

2/16/99 305-595-4040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0278640