

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G99090** (4)

1. Corporation Name
CLASSIC SERVICES, INC.



Principal Place of Business: **P. O. BOX 110827 MIAMI FL 33111**
Mailing Address: **P. O. BOX 110827 MIAMI FL 33111**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	02/29/1984		07/17/1995
4.	FBI Number	Applied For	
	59-2380614	<input type="checkbox"/> Not Applicable	
5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GONZALEZ, CARMEN M. 12021 SW 31 TERR. MIAMI FL 33175		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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1	TITLE
NAME	GONZALEZ, CARMEN M.	12	NAME
STREET ADDRESS	154 PLANTATION AVENUE	13	STREET ADDRESS
CITY- ST- ZIP	TAVERNIER FL	14	CITY- ST- ZIP
TITLE	VS	2	TITLE
NAME	GUTIERREZ, SONIA	22	NAME
STREET ADDRESS	12019 S.W. 77 TERRACE	23	STREET ADDRESS
CITY- ST- ZIP	MIAMI FL	24	CITY- ST- ZIP
TITLE		3	TITLE
NAME		32	NAME
STREET ADDRESS		33	STREET ADDRESS
CITY- ST- ZIP		34	CITY- ST- ZIP
TITLE		4	TITLE
NAME		42	NAME
STREET ADDRESS		43	STREET ADDRESS
CITY- ST- ZIP		44	CITY- ST- ZIP
TITLE		5	TITLE
NAME		52	NAME
STREET ADDRESS		53	STREET ADDRESS
CITY- ST- ZIP		54	CITY- ST- ZIP
TITLE		6	TITLE
NAME		62	NAME
STREET ADDRESS		63	STREET ADDRESS
CITY- ST- ZIP		64	CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* DATE: **3/25/96** (305) 559-9100

CR2E034 (12/95)