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May 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # M19956

1. Corporation Name
CORPORATE CLAIM SERVICES, INC.



Principal Place of Business
3915 BISCAYNE BLVD. MIAMI FL 33137

Mailing Address
3915 BISCAYNE BLVD. MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/26/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2572538	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24		25		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MENDEZ, FRANK 3915 BISCAYNE BLVD. 4TH FLOOR MIAMI FL 33137				81 Name			
				Guy Junger			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				3915 Biscayne Blvd.			
				83			
				84 City			
				Miami,			
				FL			
				85 Zip Code			
				33137			

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 Guy Junger
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	D/C/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPIN, ROBERTO J	1.2 NAME	Espin, Roberto
STREET ADDRESS	3915 BISCAYNE BLVD.	1.3 STREET ADDRESS	3915 Biscayne Blvd.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33137
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUADRA, HENRY	2.2 NAME	Cuadra, Enrique
STREET ADDRESS	3915 BICAYNE BLVD.	2.3 STREET ADDRESS	3915 Biscayne Blvd.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33137
TITLE	TDS <input type="checkbox"/> DELETE	3.1 TITLE	T/D/S/V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, JUAN	3.2 NAME	Lopez, Juan
STREET ADDRESS	3915 BISCAYNE BLVD.	3.3 STREET ADDRESS	3915 Biscayne Blvd.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33137
TITLE	DV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAREZ, LUIS	4.2 NAME	Star, William
STREET ADDRESS	3915 BISCAYNE BLVD.	4.3 STREET ADDRESS	3915 Biscayne Blvd.
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33137
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOHAMAD, LUCIA	5.2 NAME	Jackson, Shaun
STREET ADDRESS	3915 BISCAYNE BLVD.	5.3 STREET ADDRESS	3915 Biscayne Blvd.
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL 33137
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Zuhlke, James
STREET ADDRESS		6.3 STREET ADDRESS	3915 Biscayne Blvd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33137

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: Juan A. Lopez DATE: 4/29/99 DAYTIME PHONE: (305) 576-1115

CR2E034 (11/98)