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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44478 (8)

1. Corporation Name
SECRETARIAL SERVICE, INC.



Principal Place of Business 2711 SW 118 COURT MIAMI FL 33175	Mailing Address POST OFFICE BOX 83147 MIAMI FL 33283-1417 US
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3. Date Incorporated or Qualified 07/30/1991	3a. Date of Last Report 04/12/1996
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2. Principal Place of Business 21 9745 Sunset Drive Suite, Apt. #, etc. 22 214 City & State 23 Miami, FL Zip 24 33173 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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4. FEI Number 65-0275308	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JIMENEZ, JOSEFA
2711 SW 118 CT.
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	9745 Sunset Dr., Suite 214
83	Suite 214
84 City	Miami FL
85 Zip Code	33173

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Josefa Jimenez* DATE: **April 11, 1997**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JIMENEZ, JOSEFA	
STREET ADDRESS	11817 SW 104TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, SIXTA	
STREET ADDRESS	2301 SW 127 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JIMENEZ, MARGARITA	
STREET ADDRESS	8561 SW 27TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	AVD	<input type="checkbox"/> DELETE
NAME	PENDAS, PAULA	
STREET ADDRESS	9373 FOUNTAINBLEAU BLVD., H-105	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11817 S. W. 204TH STREET
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	12341 S. W. 264 Street
4.4 CITY-ST-ZIP	Miami, FL 33032
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Executive Vice President
5.3 STREET ADDRESS	Antonio Manuel Crespo
5.4 CITY-ST-ZIP	2711 S. w. 118 Court
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Josefa Jimenez* DATE: **April 11, 1997** (305) 273-2224

CR2E037 (9/96)