

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 9745 SUNSET DR 214 MIAMI FL 33173 US	Mailing Address POST OFFICE BOX 83147 MIAMI FL 33283 US
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3. Date Incorporated or Qualified
07/30/1991

4. FEI Number
65-0275308

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business 21 2711 S. W. 118 Ct. Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 Miami, FL 33175 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent

**JIMENEZ, JOSEFA
9745 SUNSET DR
214
MIAMI FL 33173**

10. Name and Address of New Registered Agent

81 Name 2711 S. W. 118 Ct.
82 Street Address (P.O. Box Number is Not Acceptable) Miami, FL 33175
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE Change <input checked="" type="checkbox"/> <input type="checkbox"/> Addition	
NAME JIMENEZ, JOSEFA		1.2 NAME 2711 S. W. 118 Ct.	
STREET ADDRESS 11817 SW 204 ST		1.3 STREET ADDRESS Miami, FL 33175	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HERNANDEZ, SIXTA		2.2 NAME	
STREET ADDRESS 2301 SW 127 COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME JIMENEZ, MARGARITA		3.2 NAME	
STREET ADDRESS 8561 SW 27TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP	
TITLE AVD	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PENDAS, PAULA		4.2 NAME	
STREET ADDRESS 12341 SW 264 ST		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33032		4.4 CITY-ST-ZIP	
TITLE EVP	<input type="checkbox"/> DELETE	5.1 TITLE Change <input checked="" type="checkbox"/> <input type="checkbox"/> Addition	
NAME CRESPO, ANTONIO MANUE		5.2 NAME CRESPO, ANTONIO MANUEL	
STREET ADDRESS 2711 SW 118 CT		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33175		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 **Josefa Jimenez, President 4-14-98 (305) 221-9048**

CR2E037 (10/97)