

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

FILED
Mar 02 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P95000076647 (3)
 1. Corporation Name
INTERNATIONAL EMPLOYEE SPECIALISTS, INC.



| | |
|--|--|
| Principal Place of Business 85 GRAND CANAL DRIVE #202 MIAMI FL 33144 | Mailing Address 85 GRAND CANAL DRIVE #202 MIAMI FL 33144 |
|--|--|

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
10/06/1995

4. FEI Number
65-0810876

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

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

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

PEREYRA, AYLEEN
14057 S.W. 51 LANE
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name **PEREYRA, AYLEEN**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **MIAMI** **FL** **85** Zip Code **331**

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 *Ayleen Pereyra* DATE **2/14/98**

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PEREYRA, AYLEEN | |
| STREET ADDRESS | 85 GRAND CANAL DR #202 | |
| 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 | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS **85 GRAND CANAL DR. #306**

1.4 CITY-ST-ZIP **MIAMI, FL. 33144**

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.

SIGNATURE: *Ayleen Pereyra* DATE: **2/14/98 (305)266-9434**

CR2E034 (10/97)