

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

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000075766 (1)
 1. Corporation Name
ADULT PLATINUM SERVICES, INC.

Principal Place of Business 5208 ALTON ROAD MIAMI BEACH FL 33140	Mailing Address 5208 ALTON ROAD MIAMI BEACH FL 33140
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1200 S. ALHAMBRA CIRCLE Suite, Apt #, etc 22 City & State 23 CORAL GABLES, FL Zip Country 24 33146-3106 25 USA	2a. Mailing Address 26 1200 S. ALHAMBRA CIRCLE Suite, Apt #, etc 27 City & State 28 CORAL GABLES, FL Zip Country 29 33146-3105 30 USA
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3. Date Incorporated or Qualified 09/09/1996	4. FEI Number 65-0790066 APPLIED FOR	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**DE LA PORTILLA, MARIA R
 420 S DIXIE HIGHWAY
 SUITE 4-B
 CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMIREZ, JOSEFINA R	
STREET ADDRESS	5208 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRETOS, CONCEPCION T	
STREET ADDRESS	5208 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, GEMA G	
STREET ADDRESS	5208 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
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	1200 S. ALHAMBRA CIRCLE
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146-3105
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1200 S. ALHAMBRA CIRCLE
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33146-3105
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	delete
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 in an attachment with an address.

SIGNATURE: *[Signature]* **JOSEFINA R. RAMIREZ, VICE PRES** **305-666-1264**

CP2E034 (10/97)