

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

**FILED**

**May 02 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000076388 (3)**

1. Corporation Name  
**ALL STAFFING SERVICES OF MIAMI, INC.**



Principal Place of Business  
**719 NW 29TH ST.  
MIAMI FL 33127**

Mailing Address  
**719 NW 29TH ST.  
MIAMI FL 33127-3828**

3. Date Incorporated or Qualified  
**09/13/1996**

3a. Date of Last Report

4. FEI Number  
**65-0693365**

Applied For  
 Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip Country

30. Zip Country

**9. Name and Address of Current Registered Agent**

**RODRIGUEZ, RAUL  
719 NW 29TH ST.  
MIAMI FL 33127**

**10. Name and Address of New Registered Agent**

81. Name

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

83.

84. City

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	<b>DPST RODRIGUEZ, RAUL 719 NW 29TH ST. MIAMI FL 33127</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	6.4 CITY-ST-ZIP	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raul Rodriguez DATE: 4-28-97 DAYTIME PHONE #: (305) 631-7060

CR2E034 (9/96)