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FILED
May 09 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 # P96000088422 (6)
1. Corporation Name
M D ACCOUNTING SERVICES, INC.



Principal Place of Business: 449 EAST 32ND STREET HIALEAH FL 33013
Mailing Address: 201 EAST 48TH STREET HIALEAH FL 33013-1850

2. Principal Place of Business: 21 7010 N.W. 186th st, 22 403, 23 Miami, FL, 24 33015, 25 Dade
2a. Mailing Address: 26 201 East 48th st., 27, 28 Hialeah, FL, 29 33013, 30 Dade

3. Date Incorporated or Qualified: 10/25/1996
3a. Date of Last Report
4. FEI Number: 65-0743715
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: MAIRENA A., HENRY, 449 EAST 32ND STREET, HIALEAH FL 33013

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: FL

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: Henry R. Mairena, Henry Mairena A., 4/30/97

12. OFFICERS AND DIRECTORS

TITLE	D	MAIRENA A., HENRY	<input type="checkbox"/> DELETE
NAME		449 EAST 32ND STREET	
STREET ADDRESS		HIALEAH FL 33013	
CITY-ST-ZIP			
TITLE	D	DANNON-MAIRENA, JANET	<input type="checkbox"/> DELETE
NAME		449 EAST 32ND STREET	
STREET ADDRESS		HIALEAH FL 33013	
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			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Mairena A. Henry	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		7010 N.W. 186th ST #403	
1.3 STREET ADDRESS		Miami, FL. 33015	
1.4 CITY-ST-ZIP			
2.1 TITLE	D	Dannon-mairena, Janet	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		7010 N.W. 186th ST #403	
2.3 STREET ADDRESS		Miami, FL. 33015	
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 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 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: Henry Mairena A. (805) 873 9194

CR2E034 (9/96)