

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000094475 (6)
 1. Corporation Name
ALLIED SERVICES, INC.

Principal Place of Business C/O 101 MADEIRA AVENUE CORAL GABLES FL 33134	Mailing Address C/O 101 MADEIRA AVENUE CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 9390 NW 109th Street	26 9390 NW 109th Street			11/19/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0707913	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Medley, FL		Medley, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 33178		29 Zip 33178		30 Country	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

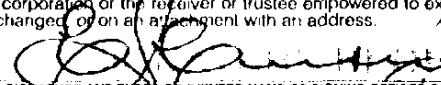
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ARAZOZA, COMAS, DE TORRES, FERNANDEZ-FRAGA 101 MADEIRA AVENUE CORAL GABLES FL 33134				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	85 Zip Code	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUSCO, EDUARDO	1.2 NAME	Cusco, Eduardo
STREET ADDRESS	101 MADEIRA AVE	1.3 STREET ADDRESS	9390 NW 109th Street
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	Medley, FL 33178-1225
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RAUL	2.2 NAME	Smith, Raul
STREET ADDRESS	101 MADEIRA AVE	2.3 STREET ADDRESS	9390 NW 109th Street
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	Medley, FL 33178-1225
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	VPSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTOLONG, RAUL OSCAR	3.2 NAME	Sotolongo, Raul Oscar
STREET ADDRESS	101 MADEIRA AVE	3.3 STREET ADDRESS	9390 NW109th Street
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	Medley, FL 33178-1225
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUSCO, ENRIQUE	4.2 NAME	Hermida, Carlos
STREET ADDRESS	101 MADEIRA AVE	4.3 STREET ADDRESS	9390 NW 109th Street
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	Medley, FL 33178-1225
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:  **4/17/98**

CR2E034 (10/97)