

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

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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90063 008 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000017579

EXCEL ACCOUNTING SERVICES, INC.

Principal Place of Business: S.W. 98 STREET FL 33176
 Mailing Address: 10120 S.W. 98 STREET MIAMI FL 33176 US

Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 26 Mailing Address: Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: 02/24/1997
 4. FEI Number: 65-0729926 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
 ROZA, FRANCISCO J ESQ.
 3700 WEST 12TH AVE
 HIALEAH FL 33018

10. Name and Address of New Registered Agent
 81 Name: ROZA, FRANCISCO A.
 82 Street Address (P.O. Box Number is Not Acceptable): 10420 SW 98 ST
 83
 84 City: MIAMI FL 85 Zip Code: 33176

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.

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III 12	
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
PD ROZA, FRANCISCO A 6417 SW 10TH ST MIAMI FL 33176	<input type="checkbox"/> DELETE	13.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11 TITLE	
		12 NAME	
		13 STREET ADDRESS	
		14 CITY-ST-ZIP	
		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		22 NAME	
		23 STREET ADDRESS	
		24 CITY-ST-ZIP	
		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32 NAME	
		33 STREET ADDRESS	
		34 CITY-ST-ZIP	
		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42 NAME	
		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52 NAME	
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME	
		63 STREET ADDRESS	
		64 CITY-ST-ZIP	

RE SIGNED:
 Francisco A. Roza 4/27/99

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: Francisco A. Roza 4/27/99 (305) 274-1055

CRE034 (11/98)