

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

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Secretary of State

03-11-1999 90080 017 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P97000086044

1. Corporation Name
MANSO SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 5000 W. 12TH CT., UNIT 1
 HIALEAH FL 33012

Mailing Address
 5000 W. 12TH CT., UNIT 1
 HIALEAH FL 33012

3. Date Incorporated or Qualified
10/03/1997

2. Principal Place of Business
 21 **5984 W 13 Ave**

2a. Mailing Address
 26 **5984 W 13 Ave**

4. FEI Number
65-0785488

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
 23 **Hialeah FL 33012**

City & State
 28 **Hialeah FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
 24 **33012** 25 **USA**

Zip Country
 29 **33012** 30 **USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANSO, EDUARDO
 5000 W. 12TH CT., UNIT 1
 HIALEAH FL 33012

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 *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/4/99
 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANSO, EDUARDO J	1.2 NAME	
STREET ADDRESS	5000 W. 12TH CT., UNIT 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANSO, EDUARDO M	2.2 NAME	
STREET ADDRESS	5000 W 12TH COURT #1	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE **EdUARDO Manso**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99
 DATE

Daytime Phone #

CR2E034 (11/98)