


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

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FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90029 049 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000086502

1. Corporation Name
GENERAL SERVICES GROUP, INC.



| | |
|--|--|
| Principal Place of Business 1235 SW 7TH STREET #1 MIAMI FL 33135 | Mailing Address 1235 SW 7TH STREET #1 MIAMI FL 33135 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 21 <u>Same</u> | 2a. Mailing Address 26 <u>5055 NW 7th St # 801</u> |
| Suite, Apt. #, etc. 22 <u>Same</u> | Suite, Apt. #, etc. 27 <u># 801</u> |
| City & State 23 <u>Miami FL</u> | City & State 28 <u>Miami FL</u> |
| Zip Country 24 <u>33135</u> <u>USA</u> | Zip Country 29 <u>33126</u> <u>USA</u> |

| | |
|---|--|
| 3. Date Incorporated or Qualified 10/07/1997 | Applied For <input type="checkbox"/> Not Applicable |
| 4. FEI Number 65-0787993 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

SUAREZ, ERNESTO L
~~1235 SW 7TH STREET #1~~
~~MIAMI FL 33135~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
5055 NW 7th St # 801

83

84 City Miami FL 85 Zip Code 33126

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

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SUAREZ, ERNESTO L | |
| STREET ADDRESS | 1235 SW 7TH STREET #1 | |
| CITY-ST-ZIP | MIAMI FL 33135 | |
| 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 | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | PT. DSI | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Suarez Ernesto L. | |
| 1.3 STREET ADDRESS | 5055 NW 7th St # 801 | |
| 1.4 CITY-ST-ZIP | Miami, FL 33126 | |
| 2.1 TITLE | D/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Hernandez Carlos A | |
| 2.3 STREET ADDRESS | 15969 NW 64 Ave # 114 | |
| 2.4 CITY-ST-ZIP | Miami FL 33018 | |
| 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 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] DATE: 3/26/99 DAYTIME PHONE #: 305 461 3878

CR2E034 (11/98)