

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44478** (8)

1. Corporation Name
SECRETARIAL SERVICE, INC.

Principal Place of Business 2711 SW 118 COURT MIAMI FL 33175	Mailing Address POST OFFICE BOX 83147 MIAMI FL 33283-1417 US
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2. Principal Place of Business 21 9745 Sunset Drive Suite, Apt. #, etc. 22 214 City & State 23 Miami, FL Zip 24 33173		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 USA		3. Date Incorporated or Qualified 07/30/1991		3a. Date of Last Report 04/12/1996	
		4. FEI Number 65-0275308		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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent JIMENEZ, JOSEFA 2711 SW 118 CT. MIAMI FL 33175				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 9745 Sunset Dr., Suite 214 83 Suite 214 84 City Miami 85 Zip Code FL 33173			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Josefa Jimenez* DATE **April 11, 1997**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JIMENEZ, JOSEFA		1.2 NAME				
STREET ADDRESS	11817 SW 104TH ST.		1.3 STREET ADDRESS	11817 S. W. 204TH STREET			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HERNANDEZ, SIXTA		2.2 NAME				
STREET ADDRESS	2301 SW 127 COURT		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JIMENEZ, MARGARITA		3.2 NAME				
STREET ADDRESS	8561 SW 27TH ST.		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP				
TITLE	AVD	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PENDAS, PAULA		4.2 NAME				
STREET ADDRESS	9373 FOUNTAINBLEAU BLVD., H-105		4.3 STREET ADDRESS	12341 S. W. 264 Street			
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33032			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			5.2 NAME	Executive Vice President			
STREET ADDRESS			5.3 STREET ADDRESS	Antonio Manuel Crespo			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	2711 S. w. 118 Court			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME	Miami, FL 33175			
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Josefa Jimenez* DATE: **April 11, 1997** (305) 273-2224

CR2E037 (9/96)