

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90058 032 ****61.25

DOCUMENT # N44478

1. Corporation Name

SECRETARIAL SERVICE, INC.

Principal Place of Business

2711 SW 118TH CT
MIAMI FL 33175
US

Mailing Address

POST OFFICE BOX 831417
MIAMI FL 33283
US



2. Principal Place of Business

21 11400 W. Flagler St.

Suite, Apt. #, etc.

22 Suite 203

City & State

23 Miami, Fl

Zip

24 33174

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

3. Date Incorporated or Qualified

07/30/1991

4. FEI Number

65-0275308

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

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)

83

84 City

FL

85 Zip Code

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

March 11, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
JIMENEZ, JOSEFA
STREET ADDRESS
2711 SW 118 CT
CITY-ST-ZIP
MIAMI FL 33175

TITLE ☐ DELETE

NAME
HERNANDEZ, SIXTA
STREET ADDRESS
2301 SW 127 COURT
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
JIMENEZ, MARGARITA
STREET ADDRESS
8561 SW 27TH ST.
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
PENDAS, PAULA
STREET ADDRESS
12341 SW 264 ST
CITY-ST-ZIP
MIAMI FL 33032

TITLE ☐ DELETE

NAME
CRESPO, ANTONIO M
STREET ADDRESS
2711 SW 118 CT
CITY-ST-ZIP
MIAMI FL 33175

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 617, 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 REQUIRED
Signature and typed or printed name of signing officer or director

Josefa Jimenez Mar-11-99

305-551-1955

Date

Daytime Phone #

CR2E037 (11/98)