:OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 07, 1999 8:00 am
Secretary of State
09-07-1999 90003 032 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

OCUMENT # F98000005217
Corporation Name
:ONSOLIDATED SUPPORT SERVICES, INC.

612634 - 90003 - 32

ncipal Place of Business	Mailing Address
NW 107TH AVENUE MI FL 33172	700 NW 107TH AVENUE MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address 26	3. Date Incorporated or Qualified: 09/17/1998	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number: 94-3300205	☐ Applied For ☐ Not Applicable
City & State	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES
526 EAST PARK AVENUE
TALLAHASSEE FL 32301-2551

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

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.

:NATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
: PVC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
: SANCHEZ-JAIMES, JONATHAN		1.2 NAME	
ET ADDRESS 700 NW 107TH AVENUE		1.3 STREET ADDRESS	
ST-ZIP MIAMI FL 33172		1.4 CITY-ST-ZIP	
: V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
: PEREZ, ALFREDO		2.2 NAME	
ET ADDRESS 700 NW 107TH AVENUE		2.3 STREET ADDRESS	
ST-ZIP MIAMI FL 33172		2.4 CITY-ST-ZIP	
: V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
: SANCHEZ, VIVIAN		3.2 NAME	
ET ADDRESS 700 NW 107TH AVENUE		3.3 STREET ADDRESS	
ST-ZIP MIAMI FL 33172		3.4 CITY-ST-ZIP	
: S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
: VASQUEZ, CARLOS E		4.2 NAME	
ET ADDRESS 700 NW 107TH AVENUE		4.3 STREET ADDRESS	
ST-ZIP MIAMI FL 33172		4.4 CITY-ST-ZIP	
: T	☒ DELETE	5.1 TITLE	T ☐ Change ☒ Addition
: STAINES, PAUL		5.2 NAME	BENITEZ, SONIA
ET ADDRESS 700 NW 107TH AVENUE		5.3 STREET ADDRESS	700 NW 107 AVENUE
ST-ZIP MIAMI FL 33172		5.4 CITY-ST-ZIP	MIAMI, FL 33172
: C	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
: PARTRIDGE, JAMES F		6.2 NAME	
ET ADDRESS 700 NW 107TH AVENUE		6.3 STREET ADDRESS	
ST-ZIP MIAMI FL 33172		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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.

GNATURE: [signature] CARLOS E. VASQUEZ 14 July 1999 305 229-4780
SIGNATURE AND TYPED OR PRINTED NAME OF :ING OFFICER OR DIRECTOR Date Daytime Phone #