

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *P98000079437*

1. Corporation Name

*A & A Immigration Services, Inc.*

FILED

01 JUL -9 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

*2117 N. STATE RD 7  
Hollywood, FL 33021*

*2117 N. STATE RD 7  
Hollywood, FL 33021*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

*9/15/1998*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

*65-0864070*

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<i>PSTD</i>	<i>JOSEFINA VISBAL</i>	<i>2117 N. STATE RD 7</i>	<i>Hollywood, FL 33021</i>

000004481680-9  
07/17/01 81083 038  
\*\*\*300.00 \*\*\*300.00

*DB-01 UBL TS*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<i>JOSEFINA VISBAL</i>		Name	
<i>2117 N. STATE RD 7</i>		Street Address (P.O. Box Number is Not Acceptable)	
<i>Hollywood, FL 33021</i>		Suite, Apt. #, Etc.	
		City	State Zip Code
			<b>FL</b>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

*6/4/01*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/4/01*

Date

*954-658-1234*

Daytime Phone #

CR2E(M)0 (1/98)

**A&A IMMIGRATION SERVICES, INC  
2117 N STATE RD 7 HOLLYWOOD, FL 33021  
954-9814747 954-658-1234 FAX:954-98397685**

JUNE 4, 2001

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DIVISION OF CORPORATIONS  
P.O.BOX 6327  
TALLAHASSEE, FL 32314

RE: RENEWAL O ANNUAL REPORT  
A&A IMMIGRATION SERVICES, INC  
P 98000079437.

WE DID NOT RECEIVE ANY MAIL FROM YOU SINCE WE MOVED ON  
DECEMBER 1999. WE HAD AN ADDRESS CHANGE, **OUR NEW ADDRESS IS  
2117 N STATE RD 7, HOLLYWOOD FL 33021U.**

ACCORDING TELEPHONE CONVERSATION, PLEASE WAVE ANY LATE FEE  
AND RECEIVE ENCLOSED \$300.

WE ARE PLANNING TO CHANGE THE NAME TO A&A AYUDA-HELP  
IMMIGRATION SERVICES, INC, WHICH FORM DO WE HAVE TO FILL-OUT?

THANKS FOR YOUR COOPERATION IN THIS MATTER.

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RESPECTFULLY SUBMITTED,

  
JOSEFINA VISBAL  
PRESIDENT