

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

FILED  
Mar 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **488147** (0)  
1. Corporation Name  
**BETTER SERVICE, INC.**

Principal Place of Business  
**318 ALHAMBRA CIR  
CORAL GABLES FL 33134**

Mailing Address  
**318 ALHAMBRA CIR  
CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2121 Coral Way</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>2121 Coral Way</b> Suite, Apt. #, etc.		3. Date incorporated or Qualified <b>10/22/1975</b>	
22 City & State <b>Miami, FL</b>		27 City & State <b>Miami, FL</b>		4. FEI Number <b>59-1627758</b> Applied For <input type="checkbox"/> Not Applicable	
23 Zip <b>33145</b>		28 Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>AWUAPARA, OLGA 438 GERONA AVENUE CORAL GABLES, FLORIDA 33146</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 *Olga Awuapara* DATE \_\_\_\_\_  
Signature of person named as registered agent and the filer (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	
NAME	AWUAPARA, OLGA A	1.2 NAME	
STREET ADDRESS	438 GERONA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 00000	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Olga Awuapara* 2/25/98. (305) 860-9599

CR2E034 (10/97)