


FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F88170 (8)

1. Corporation Name
M.C.R. SERVICES INC.

Principal Place of Business
6175 NW 167 STREET
BAY G-19
MIAMI LAKES FL 33015
US

Mailing Address
6175 NW 167 STREET
BAY G-19
MIAMI LAKES FL 33015-4339
US

3. Date Incorporated or Qualified
07/09/1982

3a. Date of Last Report
04/23/1996

2. Principal Place of Business
21 Suite Apt. # etc
22 City & State
23 Zip Country
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2a. Mailing Address
26 Suite, Apt. #, etc
27 City & State
28 Zip Country
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4. FEI Number
59-2760336

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes No

9. Name and Address of Current Registered Agent
PLAZA, MARIA C
14839 BRECKNESS PL
MIAMI LAKES FL 33018

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 607.0502 and 607.1506, 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: DATE:

12. OFFICERS AND DIRECTORS
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
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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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARIA C PLAZA 1/3/97 821-8040

CR2E034 (9/96)