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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAFE

FILED

Feb 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G11286

(3)

| al's au | TO SERVICE, INC. | | | | | | | | |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------|-----------------------------|
| Principal Place | e of Business | Mailing Address | | | | | | | |
| 17501 N.W. 27 AVE. 17501 N.W. 27 AVE. OPA LOCKA FL 33056-4005 OPA LOCKA FL 33056-400 | | |) 5 | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 12/02/1982 | 1 | ate of Last R 01/1996 | leport |
| 2. Principal Pi | lace of Business | 2a. Mailing Address | *************************************** | | | 4. FEI Number | . | | oplied For |
| 21 | | 26 | ···· | | | 59-2245717 | | | ot Applicable |
| Suite, Apt 22 | | Suite, Apt. #, etc 27 | 27 | | | 5. Certificate of Status Desired Fee Required | | | |
| City & State 23 | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | |
| Ζφ 24 | Zip Country Zip 25 29 | | | itry | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Y yes No | | | |
| | g, Name and Address of Curr | ······ | 30 | | | 10. Name and Address of New Re | gistered | Agent | |
| CLA' | YTON, OBADIAH | | 8 | B1 | Name | | | | |
| 1872 NW 185TH TERR MIAMI FL 33056 | | | 1 | 82 | Street Addr | ress (P.O. Box Number is Not Acceptable) | | | |
| MIM | MI FL 33030 | | 1 | B 3 | | | | | |
| | | | [| 84 | City | | FL | 85 Zip | Code |
| 11. Pursuant office or ragent ha | to the previsions of Sections 607 0: egistered agent, or both, in the Sta m familiar with, and accept the obt | 502 and 607.1508, Florida Statul te of Florida, Such change was a igations of, Section 607.0505, Fk | es, the abo authorized orida Statu | ove by | named corp the corporati | oration submits this statement for the p ion's board of directors. I hereby accep | urpose o | f changing it pointment as | ts registered registered |
| SIGNATURE | Signature, type d'or pribled name of registerest a | igent and tibe diapproable (NOT. | E Registered i | Age | nt signature requir | ed when reinstating) | DATE | | |
| 12, | | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND |) DIRECTOF | 3S IN 12 |
| TOLE | PD DELETE CLAYTON, OBADIAH | | 1 1 TiTL | 1 1 TITLE 1.2 NAME | | | | Change Change | Addition |
| NAME | | | 1.2 NAN | | | | | | |
| STREET ADORESS | 1872 NW 185 TERR. | | 1 | 1.3 STREET ADDRESS | | | | | |
| CITY-ST ZII | MIAMI FL | | | 1.4 City - St - ZiP 2.1 Title | | | | Change | Addition |
| TITLE NAMÉ | STD Clayton, Pauline | E. DECCIE | 2.2 NAME | | | | | L.J Onlange | roullon |
| STREET ADDRESS | 1872 NW 185 TERR. | | | | ADDRESS | | | | |
| CIY-ST ZiP | MIAMI FL | | 2. 4 CITY - S1'- ZIP | | | | | | |
| THE | THE WILL IS | ☐ DELETE | 3.1 TITL | | <u></u> | | | Change | Addition |
| NAME | | | 3.2 NAN | ME | | | | | |
| STREET ADDRESS | | | 3.3 STR | REET | ADDRESS | | | | |
| C(TY+S1+7)P | | | 3 4. CIT | Y-S | ST - ZIP | | | | · |
| THE | | ☐ DELETE | 4.1 TITL | LE | | | | L. Change | ☐ Addition |
| NAMt | | | 4. 2 NA | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| C11Y - S1 - 7IP | | DELETE | 4.4 CITY | _ | 1 - 7IP | | | Change | Addition |
| TITLE NAME | | ב_ טננכונ | 5.1 TiTL | | | | | La Change | L. Addition |
| | | | 5,2 NAM | | ADDRESS | | | | |
| STREET ADDRESS CITY - ST - ZIP | | | | | | | | | |
| Till(f | DELETE | | | 5.4 CITY - ST - ZIP 6.1 TITLE | | | | Change | Addition |
| NAME | | | 6.2 NAM | | | | | - | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-S1-ZiP | | nn | # 64 CIT | | | | | | |
| | by certify that the information supp | light with this filing does not qual | ly for the e | эхе | mption stated | d in Section 119.07(3)(i), Florida Statute | s. I furthe | or certify that | the |
| Informatic Lam an o appears i | Fin a saled on ties annual report of flicer or director of the corporation in Block (12 or Block 13 if change) | of the receiver or trystee employ by on an attach pent with an ad | vered to ex tress. | XĐC | ute this repor | d in Section 119.07(3)(i), Florida Statute to the same legal to the same legal to as required by Chapter 607, Florida S | To less | in made un and that my i | name |