

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

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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K01160** (6)
1. Corporation Name
NATIONAL CORPORATE SERVICES, INC.

Principal Place of Business
**1550 MARDRUGA AVE., STE. 400
CORAL GABLES FL 33146**

Mailing Address
**1550 MARDRUGA AVE., STE. 400
CORAL GABLES FL 33146-3019**

3. Date Incorporated or Qualified
11/05/1987

3a. Date of Last Report
04/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 12384 SW 82nd AVE	26 12384 SW 82nd AVE	65-0017919	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 2nd Floor	27 2nd Floor	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23 MIAMI FL	28 MIAMI FL		
Zip	Country		
24 33156	25 DADE		
	29 33156		
	30 DADE		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DILLON, RAYMOND F. 12475 SW 69 AVENUE MIAMI FL 33156	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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLON, RAYMOND F.	1.2 NAME	
STREET ADDRESS	12475 SW 69 AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CADENAS, MARIA I.	2.2 NAME	
STREET ADDRESS	7487 SW 82 ST., C-208	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUERALT, CONCEPCION	3.2 NAME	
STREET ADDRESS	530 SW 21 ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	ADMIN. ASST.	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SONIA VILLAR	4.2 NAME	
STREET ADDRESS	5438 S.W. 149 CT.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL. 33185	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: _____ Date: **4/16/97** 305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: **259-6700**

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