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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

11 Conforming	MENT # K5186 ERSONNEL SERVICE, INC	• •			:	T HADINAN ARI BANAN HAMI KÜMA KÜMA KANI GIU	alah alah alah Mali i	) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	
Principa! Place	n of Ausinass	Mailing Address		<del>., .,</del>					
•	I AVE. STE C-108	8900 SW 117TH AVE. ST MIAMI FL 33186-2156	8900 SW 117TH AVE. STE C-108						
					1	Date Incorporated or Qualified 2/16/1988	3a. Date of La 12/26/199	6	
2. Principal Pl	2a. Mailing Address	Mailing Address			FEI Number 65-0085984	<b>}-</b> -	Applied For Not Applicable		
Suite, Apt.	#, etc	Suite, Apt. #, etc.					\$8.7	75 Additional	
22	PT-1444.0	27				Certificate of Status Desired		e Required	
City & Stati		Crty & State	28			Election Campaign Financing Trust Fund Contribution	Contribution Added to Fees		
Zip	Country 25	Zip	Cour			This corporation has liability for Florida Statutes	intangible tax und	ier s. 199.032,	
24	9. Name and Address of Curr	29  ent Registered Agent	30			Name and Address of New Ro			
FON	SECA, ELAINE		1	1 Name					
8900 S.W. 117TH AVENUE				2 Street	Address (P.	O. Box Number is Not Accepta	ble)		
SUITE C-207									
MIAMI FL 33186			18	13					
				14 City			FLII	Zip Code	
11. Pursuant office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m lagrillar with and accept the ob-	502 and 607.1508, Florida Stat	utes, the abo	ove-named	d corporation	submits this statement for the pard of directors. I hereby acce	purpose of changi	ng its registered it as registered	
agent. La	m lamilia with and accept the ob-	igations of Section 607.0505,	Horida Stett		<del></del>		11.00	60	
SIGNATURE	Alguature Typed or printed name of registered	2 1898 (S		lane	re-required When r	noc. t	AT OU	K-7_/_	
12.		AND DIRECTORS	13,			DDITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS IN 12	
TITLE	PSTV DEL(TE 11		11 111	E			Cha	nge Addition	
NAME	Fonseca, Elaine	_	1.2 NAM	1E					
STREET ADDRESS				1.3 STREET ADDRESS		<b>Vitte</b>	3		
CITY-ST-ZIP				1.4 CITY - ST - ZIP			7 6.	[ ] 4439	
TITLE				2.1 TITLE		•	Cha	nge	
NAME CANCEL AMERICA	000 000 00000			2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS : C(TY-ST-Z)P	MIAMI FL 33186			V-ST-ZIP					
TITLE	MINITIP I E OVIOV	DELETE	3.1 TITL				☐ Cha	nge Addition	
NAME:		****	3.2 NA	-	}				
STREET ADDRESS			3.3 STR	EET ADDRESS					
COTY - ST - 7/P			3.4. CIT	Y-ST-ZIP					
7/11/6		☐ DELETE	4.1 TITL	ŧ			☐ Cha	nge 🔲 Addition	
NAMÉ			4. 2 NA		Ì	•			
STREET ADDRESS				EET ADDRESS					
CITY - ST - ZIP		DELETE		(-ST-ZIP			☐ Cha	nge Addition	
TITLE NAME		C) orreit	5.1 TITL 5.2 NA				C Ola	INDO EN MODITION	
STREET ADDRESS				eet address					
CHA-21-514				CCT ADUNCSS (-ST-ZIP					
TITLE		DELETE	6.1 TITL				☐ Cha	nge 🔲 Addition	
NAME			6.2 NA	<b>AE</b>	1				
STREET ADORESS			63 STF	eet addaess	. [				
City-St-ZiP				r-St-ZIP	<u> </u>				
14. I do herel	by certify that the information supp	lied with this filing does not qu	alify for the e	xemption	stated in Sec	ction 119.07(3)(i), Florida Statut	es. I further certify	that the	

the massay seating making information supplied with this iming does not quality 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 fam 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 13 it changed, or on an attachment with an address.

SIGNATURE:

**FILED** 

Apr 29 1997 8:00am

Secretary of State