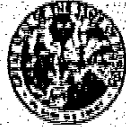


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:50

DOCUMENT # **K56663** (3)

1. Corporation Name
DOCUMENT PREPARATION SERVICES, INC.

Principal Place of Business
**312 MINORCA AVE
CORAL GABLES FL 33134
US**

Mailing Address
**LAMAR, FERNANDO
312 MINORCA AVE
CORAL GABLES FL 33134
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/04/1989** 3a. Date of Last Report **04/22/1994**

4. FEI Number **65-0097318** 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. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**LAMAR, FERNANDO
312 MINORCA AVE
CORAL GABLES FL 33134**

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAMAR, CARLOS
STREET ADDRESS	312 MINORCA AVE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	P
NAME	LAMAR, FERNANDO
STREET ADDRESS	312 MINORCA AVE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	S
NAME	CHANG, NANCY S
STREET ADDRESS	312 MINORCA AVE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	V
NAME	ABDO, REBECA
STREET ADDRESS	312 MINORCA AVE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	T
NAME	ROUCO, RITA
STREET ADDRESS	312 MINORCA AVE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Fernando Jasso*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/95
Date

205) 446-0632
Myline 1 Page 2