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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # L23743 IVE STAFFING OF CENTRAL				
Principal Place of Business Mailing Address					
7700 NORTH KENDAL DRIVE		7700 NORTH KENDAL DRIVE			
SUITE 300		SUITE 300			DO NOT WRITE IN THIS SPACE
MIAMI FL 33156 US		MIAMI FL 33156 US			3. Date Incorporated or Qualified
-					10/17/1989
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0153492 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
City & State		City & State			Fee Required
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the current year Intangible
24	25 29		30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Registered Agent
	IN P. MACHADO		*	11 Name	
7700 N. KENDALL DR. #300			Ī	2 Street	Address (P.O. Box Number is Not Acceptable)
STE. 1200			ء ا	13	
MI	AMI FL 33156		1		
			6	4 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statu	ites, the abo	ve-named	
SIGNATURE	Signature, typod or printed name of registered agent is	and tille if applicable (NC	TE: Registered /		corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE
12.	OFFICERS AND I	DIRECTORS	13.	:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	MACHADO, ANN P.		1.2 NAM		C Analysis C Addition
STREET ADDRESS	7700 N. KENDALL DR., #300			ET ADDRESS	
CITY-ST-ZIP	MIAMI FL			-ST-ZIP	
THTLE	D	DELETE	2.1 TITLI		Change Addition
NAME	BARTON, ANA M		2.2 NAM	E	
STREET ADDRESS	7700 N KENDALL DR., #300		1	ET ADDRESS	
CITY - ST - ZIP	MIAMI FL	DOLESE		-ST-ZIP	The same
TITLE	D Machado, Joseph C	☐ DELETE	3.1 TITU		Change Addition
NAME STREET ADDRESS	7700 N. KENDALL DR., #300		3.2 NAM	ET ADDRESS	
CITY-ST-ZIP	MIAMI FL				
TITLE	D	☐ DELETE	4.1 TITLI	-ST-ZIP	☐ Change ☐ Addition
NAME	MACHADO, CHRISTINE A		4. 2 NAN		
STREET ADDRESS	7700 N. KENDALL DR., #300			ET ADDRESS	
CITY-S1-ZIP	MIAM! FL		4.4 CITY	-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY		☐ Change ☐ Addition
TITLE		L Uticit	6.1 TITLE	1	Li Change Li Addition
NAME STREET ADDRESS			6.2 NAM	ET ADDRESS	
CITY-ST-ZIP			6.4 CITY		

14. Thereby certify that the information supplied with this filling 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 suppliements 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 of 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, of on an attrachment with an address.

SIGNATURE:

FILED

Apr 15 1998 8:00am

Secretary of State