
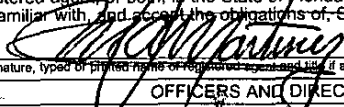


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90019 046 ***158.75



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L54788					
1. Corporation Name INTERNAL ACCOUNTING SERVICE, INC.					
Principal Place of Business 2780 SW 87 AVENUE SUITE 106 MIAMI FL 33165 US			Mailing Address 2780 SW 87 AVENUE SUITE 106 MIAMI FL 33165 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 13255 S.W. 137 Ave		26 13255 S.W. 137 Ave		03/05/1990	
22 Suite, Apt. #, etc. #212		27 Suite, Apt. #, etc. A212		4. FEI Number 65-0176532	
23 City & State Miami, FL		28 City & State Miami, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33186		29 Zip 33186		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country Dade		30 Country Dade		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MARTINEZ MANUEL A 17201 SW 143 CT MIAMI FL 33177			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 15104 S.W. 159 Place 83 84 City Miami FL 85 Zip Code 33196		
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					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MARTINEZ, MANUEL A.				
STREET ADDRESS	17201 SW 143 CT				
CITY-ST-ZIP	MIAMI FL 33177				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MARTINEZ, MARTA				
STREET ADDRESS	17201 SW 143 CT				
CITY-ST-ZIP	MIAMI FL 33177				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS	15104 S.W. 159 Place				
1.4 CITY-ST-ZIP	Miami, FL 33196				
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS	15104 S.W. 159 Place				
2.4 CITY-ST-ZIP	Miami, FL 33196				
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I 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, with all other like empowered.

SIGNATURE:

 **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99 **(305) 278-0151**
Date Daytime Phone #