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

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)VILINTEDMATIONIAL SERVICES INC

FILED Apr 10 1998 8:00am Secretary of State

AL-IIVIE	NINATIONAL SERVICES, III	10,						
Principal Place of Business		Mailing Address						II BEBLI SEBIL IBBL
% DIANA R. CORDOBA		% DIANA R. CORDOBA						
3631 SW 107TH AVE		3631 SW 107TH AVE MIAMI FL 33165				DO NOT WRITE IN THIS SPACE		
MIAMI FL 3310	55	MIAMI FL	33103			3. Date Incorporated or Qualified		
						03/27/1990		
2. Principal Pl	ace of Business	2a. Mailing	Address			4. FEt Number		Applied For
21		26				65-0185336		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$8.°	75 Additional
22		27				5. Certificate of Status Desired	Fe	e Required
City & State		City & State				6. Election Campaign Financing		. 00 May Be
23		28				Trust Fund Contribution	L Ad	ded to Fees
Zip Country		Zip	· — ·			8. This corporation owes or has paid the current year intangible		
24	25			10		Personal Property Tax due June 10. Name and Address of New Re		No
	9. Name and Address of Curre	nt Registered Ag	jent	81	Name	10. Name and Address of New Ri	egistereo Agent	
	rdoba, diana r.			61	INATIC			
3631 SW 107TH AVE				82	Street Add	ress (P.O. Box Number is Not Accepta	ble)	
MIA	MI FL 33165			83				
İ								
1				84	City		FL 85	Zip Code
11. Pursuant t	o the provisions of Sections 607.05	02 and 607 1508	Florida Statutes	the above	e-named corr	poration submits this statement for the	numose of chann	ing its registered
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 femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
_	n temiliar with, and accept the oblig	gations of, Section	i ouz.uous, Fiori	da Statutes	j.			
SIGNATURE	Signature typed or printed name of registered ag	gent and tile if applicable	, (NOTE:	Registered Age	int signature requi	red when reinstating)	EDATE	
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	CTORS IN 12
TITLE	PD		DELETE	1.1 TO LE			☐ Cha	inge 🔲 Addition
NAME	CORDOBA, DIANA R.			1.2 NAME				
STREET ADDRESS	s 3631 SW 107TH AVE		1.3 STREET	ADORESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY - S	T-ZIP				
TITLE	VST	- -		2 1 TOLE			Cha	inge 🔲 Addition
NAME	CORDOBA, MANUEL SR		2.2 NAME					
STREET ADDRESS	3631 SW 107TH AVE			2.3 STREE1	ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CHY-5	ST - ZIP			
TITLE	D	l	DELETE	3.1 TITLE			Cha	inge Addition
NAME	CORDOBA, MANUEL SR			3.2 NAME				
STREET ADDRESS	3631 SW 107TH AVE			3.3 STREET				
CITY-ST-ZIP	MIAMI FL		DECETE	3.4 CITY-5	ST-ZIP		Cha	inge Addition
TITLE		l	DELETE	4.1 TITLE			ر دارد	ingo 🗀 ADDINUIT
NAME				4. 2 NAMÉ				
STREET ADDRESS				4.3 STREET				
CITY-ST-ZIP			DELETE	4.4 CITY - S 5.1 TITLE	1-ZIP		Cha	inge Addition
TITLE		1	PLLEIE	5.2 NAME				nound)
NAME CYCET APPROACC				ı	ADDRESS			
STREET ADDRESS				5.3 STREET				.
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - S 6.1 TITLE	1.71		Cha	inge Addition
		·	DECETE	6.2 NAMÉ				
NAME				6.3 STREET	YDDBEGG			
STREET ADDRESS				1				
CITY-ST-ZIP				6.4 CITY - S	1-ZIP	Contine 110.07/2\/i\ Flavido Statutos	Littles partifults	1.41 - 1.4 - 1.41

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