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Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90238 001 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L73008

1. Corporation Name  
OPERATING SERVICES, INC.

Principal Place of Business  
5601 N W 72ND AVENUE  
MIAMI FL 33163  
US

Mailing Address  
5601 N W 72ND AVENUE  
MIAMI FL 33166  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
5601 N.W. 72nd Avenue  
Suite, Apt. #, etc.  
City & State  
Miami, Florida  
Zip  
33166  
Country  
USA

2a. Mailing Address  
5601 N.W. 72nd Avenue  
Suite, Apt. #, etc.  
City & State  
Miami, Florida  
Zip  
33166  
Country  
USA

3. Date Incorporated or Qualified  
05/11/1990

4. FEI Number  
65-0196147  
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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
HERMIDA, JOSE A  
5601 N W 72ND AVE  
~~3601 N W 72ND AVE~~  
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS | CITY-ST-ZIP | DELETED                  |
|-------|------------------|----------------|-------------|--------------------------|
| DP    | HERMIDA, JOSE A. | 5601 NW 72 AVE | MIAMI FL    | <input type="checkbox"/> |
|       |                  |                |             | <input type="checkbox"/> |
|       |                  |                |             | <input type="checkbox"/> |
|       |                  |                |             | <input type="checkbox"/> |
|       |                  |                |             | <input type="checkbox"/> |
|       |                  |                |             | <input type="checkbox"/> |
|       |                  |                |             | <input type="checkbox"/> |
|       |                  |                |             | <input type="checkbox"/> |
|       |                  |                |             | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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: Jose A. Hermida JOSE A. HERMIDA 4/21/99 (305) 834-2211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Time Phone

CR2E034 (11/98)