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

APPROVED AND FILED

95 MAY -1 PM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M05196** **(4)**

1. Corporation Name

MEDERI TEMPORARY SERVICES, INC.

Principal Place of Business	Mailing Address
C/O KTG&S REGISTERED AGENT CORP 1401 BRICKELL AVE SUITE 700 MIAMI FL 33131	C/O KTG&S REGISTERED AGENT CORP 1401 BRICKELL AVE SUITE 700 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/14/1984**
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-2619704** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C/O KTG&S REGISTERED AGENT CORP.
1401 BRICKELL AVE.UE
SUITE 700
MIAMI FL 33131

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P D	☒ Change ☐ Addition
NAME	VAZQUEZ, SANDRA	12 NAME	Sandra Vazquez	
STREET ADDRESS	2401 DOUGLAS ROAD	13 STREET ADDRESS	2410 Douglas Rd.	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami, FL 33145	
TITLE	DVS	21 TITLE	VP D S/T	☒ Change ☐ Addition
NAME	NESSLEIN, DAVID A.	22 NAME	David A. Nesslein	
STREET ADDRESS	2401 DOUGLAS ROAD	23 STREET ADDRESS	2410 Douglas Rd.	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	Miami, FL 33145	
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	NESSLEIN, DAVID A.	32 NAME		
STREET ADDRESS	2401 DOUGLAS ROAD	33 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP		
TITLE	P	41 TITLE		☐ Change ☐ Addition
NAME	SYKES, HARLEY	42 NAME		
STREET ADDRESS	2401 DOUGLAS ROAD	43 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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.

SIGNATURE: **David A. Nesslein, V.P.** **3/14/95** **(305) 447-2300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0130771 CP