FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Mar 02 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name (5) M58575 ACCOUNTAX SERVICE INC. Principal Place of Business Mailing Address 1149 SW 27 AVENUE 1149 SW 27 AVE SUITE 305 SUITE 305 DO NOT WRITE IN THIS SPACE MIAMI FL 33135 **MIAMI FL 33135** 3. Date Incorporated or Qualified 09/04/1987 2a, Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0004202 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name QUINTANA, OCTAVIO 3899 NW 7TH STRET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 203** 83 **MIAMI FL 33126** 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ___ Addition DELETÉ 1.1 TITLE TITLE QUINTANA, OCTAVIO 1.2 NAME NAME 215 S.W. 17TH AVE, \$-316 1.3 STREET ADORESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change STD 2.1 TITLE TITLE **QUINTANA, GLADYS** NAME 2.2 NAME 215 S.W. 17TH AVE, S-316 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIP

STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

DELETE

TITLE

NAME

Change

Addition

6.4 CITY-ST-ZIP 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.

, Viane