

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.**  
**AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).**

**FILED**  
**Oct 05 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000023939 (0)**  
 1. Corporation Name  
**Best Property Services, Inc.**

Principal Place of Business	Mailing Address
<b>3375 NW 37 Street Miami, FL 33142</b>	<b>3375 NW 37 Street Miami, FL 33142</b>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/31/93**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b>	<b>26</b>	<b>65-0398550</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
<b>22</b>	<b>27</b>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>23</b>	<b>28</b>		
Zip	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>Martinez, Orlando</b> <b>3375 NW 37 Street</b> <b>Miami, FL 33142</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>President</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Martinez, Orlando</b>	1.2 NAME	
STREET ADDRESS	<b>3375 NW 37 Street</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Miami, FL 33142</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	<b>600002656236</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>-10/06/98--01006--026</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	<b>***150.00</b>
CITY-ST-ZIP		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 filing 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, that the receiver or trustee is 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 in any attaching schedule, as applicable.

SIGNATURE: *Orlando Martinez* **Orlando Martinez** 9-28-98 (305)633-3600

CR2E034 (5/98)

10-5



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## BEST PROPERTY SERVICES INC.

September 28, 1998

Division of Corporation  
Attn: Annual Report  
P. O. Box 6327  
Tallahassee, FL 32314


Ref: Filing corporation ID # 65-0398550

To Whom It May Concern:

We never received the papers for filing the corporation for 1998 due to an error in the mailing address. I am asking that you please accept this annual report and waive the late fee.

Enclosed please find check # 5026 for \$150.00.

Sincerely,



Orlando Martinez  
Best Property Services, Inc.  
I.D. # 65-0398550