

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Worham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000038056 (6)

1. Corporation Name

EXCEL TEMPS SERVICES, INC.

Principal Place of Business

8360 W OAKLAND PARK BLVD
STE 113
SUNRISE FL 33351
US

Mailing Address

8360 W OAKLAND PARK BLVD
STE 113
SUNRISE FL 33351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1993

3a. Date of Last Report

04/27/1994

4. FEI Number

65-0409936

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 has liability for intangible tax under § 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21 100 N. BISCAYNE BLVD.

2a. Mailing Address

26 P.O. BOX 450693

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE #103

27

City & State

City & State

23 MIAMI, FL

28 SUNRISE, FL

Zip

Country

Zip

Country

24 33132

25 USA

29 33345

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, MARIA BLESILDA R
3181 N. UNIVERSITY DRIVE
SUNRISE FL 33351

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 607.1506, 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)

32. (If Registered Agent signature required after recording)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	RODRIGUEZ, MARIA BLESILDA R
STREET ADDRESS	9412 N.W. 48 ST.
CITY ST ZIP	SUNRISE FL 33351
TITLE	D
NAME	GAMBOA, MARIA VERONICA R
STREET ADDRESS	8 SILVERMOON DR.
CITY ST ZIP	SILVER SPRING MD 30904
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1	TITLE	☐ Change ☐ Addition
2	NAME	
3	STREET ADDRESS	
4	CITY ST ZIP	
21	TITLE	☐ Change ☐ Addition
22	NAME	
23	STREET ADDRESS	
24	CITY ST ZIP	
31	TITLE	☐ Change ☐ Addition
32	NAME	
33	STREET ADDRESS	
34	CITY ST ZIP	
41	TITLE	☐ Change ☐ Addition
42	NAME	
43	STREET ADDRESS	
44	CITY ST ZIP	
51	TITLE	☐ Change ☐ Addition
52	NAME	
53	STREET ADDRESS	
54	CITY ST ZIP	
61	TITLE	☐ Change ☐ Addition
62	NAME	
63	STREET ADDRESS	
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)(g), 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:

Maria B. Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA B. RODRIGUEZ

(Date)

4-28-95

(Signature of Agent)

(305)
742-7210