

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000069625 (0)

1. Corporation Name

TOTAL LIFE AND CAREER SERVICES INC.



Principal Place of Business

Mailing Address

426 SANTANDER AVE  
STE 7  
CORAL GABLES FL 33134  
US

426 SANTANDER AVE  
STE 7  
CORAL GABLES FL 33134  
US

3. Date Incorporated or Qualified

10/01/1993

3a. Date of Last Report

03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 7540 SW 59th Court

26 7540 SW 59th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 30

27 SUITE 30

City & State

City & State

23 Miami, FLA.

28 Miami, FLA.

Zip

Country

Zip

Country

24 33143

25 USA

29 33143

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCHALE, WILLIAM J  
7540 S.W. 59TH COURT  
SUITE 30  
MIAMI FL 33143

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

Signature of person or persons authorized to register agent and file this application

Signature of Registered Agent (Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
MCHALE, WILLIAM J.  
7540 SW 59TH CT STE 30  
MIAMI FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
V.P.  
CARUSO, Melinda  
7540 SW 59th CT Suite 30  
Miami, Fla. 33143

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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: MELINDA CARUSO Melinda Caruso 4/26/96 305-665-1802  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)