

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 # **P94000008802 (8)**

1. Corporation Name

NATIONAL EMPLOYMENT SERVICES OF MIAMI, INC.



Principal Place of Business

Mailing Address

2439 N.W. 7TH ST.
MIAMI FL 33125

2439 N.W. 7TH ST.
MIAMI FL 33125

3. Date Incorporated or Qualified
02/03/1994

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc:

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

30 Country

4. FEI Number
65-0451428

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 s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RADBILL, MARITZA M
2439 N.W. 7TH ST.
MIAMI FL 33125

81 Name
JUAN A FERNANDEZ

82 Street Address (P.O. Box Number is Not Acceptable)
2439 NW 7TH ST.

83

84 City
MIAMI

FL

85 Zip Code
33125

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 officer 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

Juan Fernandez

(Print Name of Registered Agent Signature Required when Registered Agent

05/27/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANABIA, FERNANDO	
STREET ADDRESS	2439 N.W. 7TH ST., SUITE 1	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	TORRENS, OLGA N	
STREET ADDRESS	2439 N.W. 7TH ST., SUITE 1	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JUAN A FERNANDEZ	
13 STREET ADDRESS	2439 NW 7TH ST # 1	
14 CITY-ST-ZIP	MIAMI FL 33125	
21 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ELIZABETH PARRA	
23 STREET ADDRESS	2439 NW 7TH ST # 1	
24 CITY-ST-ZIP	MIAMI FL 33125	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

Juan Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/27/96

Date of Filing

CR2E034 (12/95)