FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 29 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000018635 (0)

1. Corporation Name
ALL SERVICES, LEGAL COUNSELING, PERMAKLEAN AND O THER BUSINESSES, INC.

Principal Place of Business	Mailing Address
15315 N.W. 60TH AVE. SUITE H MIAMI FL 33014	15315 N.W. 60TH AVE. SUITE H MIAMI FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1994
3a. Date of Last Report:

2. Principal Place of Business — 21: Same as Above
2a. Mailing Address — 26: Same as above
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 65-0512444 ☐ 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

RAMIREZ, YOLANDA
15315 N.W. 60TH AVE.
SUITE H
MIAMI FL 33014

10. Name and Address of New Registered Agent

81 Name: Luis R. SERNA
82 Street Address (P.O. Box Number is Not Acceptable): 380 MONTClaire Dr
83: 380 MONTCLaire DR
84 City: FT Lauderdale FL 85 Zip Code: 33326

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: Luis R. Serna 02-03-95 LUIS R. SERNA
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	11 TITLE	PRESIDENT	☐ Change ☑ Addition
NAME	RAMIREZ, YOLANDA	12 NAME	LUIS R SERNA	
STREET ADDRESS	17908 N.W. 68TH AVE.	13 STREET ADDRESS	380 MONTCLAIRE DR	
CITY-ST-ZIP	HIALEAH FL 33015	14 CITY-ST-ZIP	FT LAUDALE FL 33326	
TITLE		21 TITLE	SECRETARY & TREASURY	☑ Change ☐ Addition
NAME		22 NAME	YOLANDA FROM 12	
STREET ADDRESS		23 STREET ADDRESS	17908 NW 68 AVE	
CITY-ST-ZIP		24 CITY-ST-ZIP	MIAMI FL 33015	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP	DEPOSITED BY BANK	CH

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)(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 13 or Block 14 above, or on an attachment with an address.

SIGNATURE: [signature] YOLANDA RAMIREZ Secretary & Treasurer 828 7354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3/3/95 — Daytime Phone #

305-

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