

**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 # **P94000076698 (7)**

1. Corporation Name

**A & K BUSINESS SERVICES CORPORATION**



Principal Place of Business: P.O. BOX 821626 SOUTH FLORIDA FL 33082-1626  
Mailing Address: P.O. BOX 821626 SOUTH FLORIDA FL 33082-1626

3. Date Incorporated or Qualified: **10/17/1994**  
3a. Date of Last Report: **06/14/1995**  
4. FEI Number: **65-0518071**  
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

2. Principal Place of Business (21-23)  
2a. Mailing Address (24-30)

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**RODRIGUEZ, LUZIA A  
12355 NW 15 ST  
PEMBROKE PINES FL 33026**

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 the Registered Agent and Director Agent

Signature of Registered Agent (just to represent when registering)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE: **PT**  DELETE  
2. NAME: **RODRIGUEZ, LUZIA A**  
3. STREET ADDRESS: **12355 NW 15 ST**  
4. CITY - ST - ZIP: **PEMBROKE PINES FL 33026**

5. TITLE:  DELETE  
6. NAME:  
7. STREET ADDRESS:  
8. CITY - ST - ZIP:

9. TITLE:  DELETE  
10. NAME:  
11. STREET ADDRESS:  
12. CITY - ST - ZIP:

13. TITLE:  DELETE  
14. NAME:  
15. STREET ADDRESS:  
16. CITY - ST - ZIP:

1. TITLE:  Change  Addition  
2. NAME:  
3. STREET ADDRESS:  
4. CITY - ST - ZIP:

5. TITLE: **VICE PRESIDENT**  Change  Addition  
6. NAME: **LEONARDO RODRIGUEZ**  
7. STREET ADDRESS: **12355 NW 15 STREET**  
8. CITY - ST - ZIP: **PEMBROKE PINES, FL 33026**

9. TITLE:  Change  Addition  
10. NAME:  
11. STREET ADDRESS:  
12. CITY - ST - ZIP:

13. TITLE:  Change  Addition  
14. NAME:  
15. STREET ADDRESS:  
16. 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: *Luiza A. Rodriguez* **Luizia A. Rodriguez** 4/29/96 (454) 450-8348  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)