FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
•CORPORATION
ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State '

DIVISION OF CORPORATIONS

DOCUMENT # P9400085467 (6)

AMERISOUTH SERVICES CORP.

•		
Γ	Principal Place of Business	Mail
1	4406 N.W. 74 AVE.	440
ı	SUITE 201	SUI
1	MIAMI FL 33166-6443	MIA

Mailing Address

4408 N.W. 74 AVE. SUITE 201

2a. Mailing Address

Cily & State

Suite, Apt. #, etc.

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MIAMI FL 33166-6443

FILED Apr 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

K

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

3. Date Incorporated or Qualified

11/23/1994

65-0556678

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the current year Intangible			
24	25 29 30		30			Personal Property Tax due June 30. Yes No			
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent					
CAS	STRO, ADRIANA		81	Name					
	4408 N.W. 74 AVE.					82 Street Address (P.O. Box Number is Not Acceptable)			
	SUITE 201				62 Site Address (F.O. Box Number is Not Acceptable)				
	MIAMI FL 33168-6443				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: typed or profited native of trigges and stile diagnostication. (NOTE Registered Agent signature required when reinstating) DATE									
12.	Signature, typicd or printed name of registived agen OFFICERS AND		II. Registered	Age	nt signature required	o when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD OFFICERS AIN.	DELETE	1.1 111	1.5		Change Addition			
NAME	CASTRO, ADRIANA	Dotter	1.2 NA			Change C Addition			
STREET ADDRESS	4408 N.W. 74 AVE., SUITE 20	•			antini oo				
1	MIAMI FL 33166-6443	•			ADDRESS	l l			
CITY-ST-ZIP TITLE	TD	DELETE	1.4 CFI 2.1 TIT	-	1-712	Change Addition			
NAME	CABANA, RICARDO R	preene	2.1 111 2.2 NA			Change Hadings			
· · · · · · ·	4408 N.W. 74 AVE., SUITE 20	1			*PODECC				
STREET ADDRESS	MIAMI FL 33166-6443	l			ADDRESS				
CITY-ST-ZIP TITLE	MP-WI F L 33 100-0443	DELETE	2.4 CI 3.1 TIT		i1 - 71P	Change Addition			
NAME			3.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4 CI		1				
TITLE		DELETE	4.1 711		1-211	Change Addition			
NAME			4.2 NA						
STREET ADDRESS			1		ADDRESS	ι , ,			
CITY-ST-ZIP			4.4 C(T			0 km 2 m			
TITLE		DELETE	5.1 TiT		1-24	Charge Addition			
NAME			5.2 NA	ME		- · \			
STREET ADDRESS			5.3 \$16	REE1.	ADDRESS				
CITY-ST-ZIP			5.4 CIT	[Y-S]	1 - 71P	والمدال والمقال والمدال والمدال والمدال والمدال والمدال والمدال والمدال والمدال والمدال			
TITLE		DELETE	6.1 TH						
NAME	6.2		6.2 NA						
STREET ADDRESS			6.3 ST	REET .	ADDRESS	***150.08			
CITY-ST-ZIP			6.4 CIT						
14. I hereby certify that the information supplied with this filing 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 eath; 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.									