

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90197 009 \*\*\*150.00

**DOCUMENT # P94000085467**

1. Corporation Name

**AMERISOUTH SERVICES CORP.**



Principal Place of Business

**4408 N.W. 74 AVE.  
SUITE 201  
MIAMI FL 33166-6443**

Mailing Address

**4408 N.W. 74 AVE.  
SUITE 201  
MIAMI FL 33166-6443**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/23/1994**

4. FEI Number

**65-0556678**

☒ 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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21 8227 NW 66Th. Street**

Suite, Apt. #, etc.

**22 City & State  
23 Miami, FL**

Zip Country

**24 33166 25**

2a. Mailing Address

**26 8227 NW 66Th. Street**

Suite, Apt. #, etc.

**27 City & State  
28 Miami, FL**

Zip Country

**29 33166 30**

9. Name and Address of Current Registered Agent

**CASTRO, ADRIANA  
4408 N.W. 74 AVE.  
SUITE 201  
MIAMI FL 33166-6443**

10. Name and Address of New Registered Agent

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**TITLE P/D**  
**NAME CASTRO, ADRIANA**  
**STREET ADDRESS 4408 N.W. 74 AVE., SUITE 201**  
**CITY-STATE-ZIP MIAMI FL 33166-6443**

☐ DELETE

**TITLE T/D**  
**NAME CABANA, RICARDO R**  
**STREET ADDRESS 4408 N.W. 74 AVE., SUITE 201**  
**CITY-STATE-ZIP MIAMI FL 33166-6443**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**

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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**1.1 TITLE**

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY-STATE-ZIP**

**2.1 TITLE**

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY-STATE-ZIP**

**3.1 TITLE**

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY-STATE-ZIP**

**4.1 TITLE**

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY-STATE-ZIP**

**5.1 TITLE**

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY-STATE-ZIP**

**6.1 TITLE**

**6.2 NAME**

**6.3 STREET ADDRESS**

**6.4 CITY-STATE-ZIP**

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 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, with all other like empowered.

SIGNATURE:

**RICARDO R. CABANA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-99  
Date

(305) 220-6400  
Daytime Phone #

CR2E034 (11/98)