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Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000014924 (1)

1. Corporation Name
HLB INTERNATIONAL SERVICES, INC.

Principal Place of Business
200 S BISCAYNE BLVD., STE 4800
MIAMI FL 33131

Mailing Address
200 S BISCAYNE BLVD., STE 4800
MIAMI FL 33131-2310



3. Date Incorporated or Qualified 02/22/1995	3a. Date of Last Report 05/01/1996
4. FEI Number APPLIED FOR 65-0571904	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address c/o Peninsula Registered Agents, Inc. Suite, Apt #, etc. #4874
21. Suite, Apt #, etc.	26. #4874
22. City & State	27. 200 S. Biscayne Blvd. City & State
23. Zip	28. Miami, FL City
24. Country	29. 33131 Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
PENINSULA REGISTERED AGENTS, INC.
200 S BISCAYNE BLVD., STE 4800
MIAMI FL 33131

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FAGUNDEZ, HUMBERTO	
STREET ADDRESS	200 S BISCAYNE BLVD., STE 4800	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MARCANO, LUIS	
STREET ADDRESS	200 S. BISCAYNE BLVD., SUITE 4800	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BULTON, ROGER	
STREET ADDRESS	200 S BISCAYNE BLVD., STE 4800	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	ALMOQUERA, LUIS E	
STREET ADDRESS	200 S. BISCAYNE BLVD., SUITE 4800	
CITY-ST-ZIP	MIAMI FL 33131	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Luis E. Almoquera Luis E. ALMOQUERA - Director / MARCH 5, 1997 (J82) 5631970

CR2E034 (9/96)