


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

FILED  
Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000019540 (0)</b> 1. Corporation Name <b>ALLIANCE BUSINESS SERVICES, INC.</b>			
Principal Place of Business <b>% 1795 WEST 39 PLACE HIALEAH FL 33012</b>		Mailing Address <b>% 1795 WEST 39 PLACE HIALEAH FL 33012</b>	
2. Principal Place of Business 21 <b>13325 S.W. 111 Avenue</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>13325 S.W. 111 Avenue</b> Suite, Apt. #, etc.	
22 City & State 23 <b>Miami, Florida</b> Zip Country 24 <b>33176</b> 25		27 City & State 28 <b>Miami, Florida</b> Zip Country 29 <b>33176</b> 30	
3. Date Incorporated or Qualified <b>03/09/1995</b>		3a. Date of Last Report <b>04/26/1996</b>	
4. FEI Number <b>65-0562727</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>SCHAEFFLER-FERNANDEZ, HELGA 1795 WEST 39 PLACE HIALEAH FL 33012</b>		10. Name and Address of New Registered Agent 81 Name <b>Schaeffler-Fernandez, Helga</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>13325 S.W. 111 Avenue</b> 83 84 City <b>Miami</b> FL 85 Zip Code <b>33176</b>	
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 <i>Helga Schaeffler-Fernandez</i> (NOTE: Registered Agent signature required when reappointing) DATE <b>4/10/97</b>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CPS SCHAEFFLER-FERNANDEZ, HELGA 13325 SW 111 AVENUE MIAMI FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVPT FERNANDEZ, JOSEPH A 13325 S 111 AVENUE MIAMI FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVP A CESAR SAAVEDRA 20501 SW 167 AVE MIAMI FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 to this address.			
SIGNATURE: <i>Helga Schaeffler-Fernandez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Helga Schaeffler-Fernandez</b>		Date <b>4/10/97</b> Daytime Phone # <b>305-255-6518</b>	

CR2E034 (9/96)