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

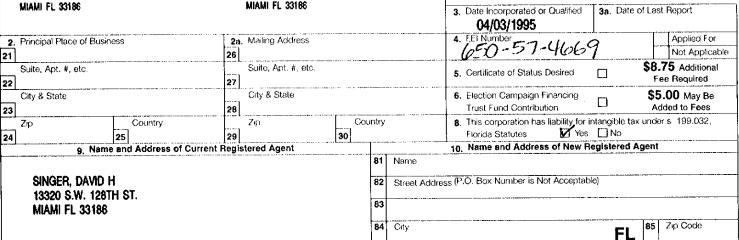
DIVISION OF CORPORATIONS

DOCUMENT #	P95000026202	(8)
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CONSTRUCTION STAFFING SERVICES CORP.

Principal Place of Business %DAVID HARRIS SINGER 13320 S.W. 128TH ST. Mailing Address

%DAVID HARRIS SINGER 13320 S.W. 128TH ST. MIAMI FL 33186



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.

12.	gnature, typed or printed name of registered agrint and tilloid a OFFICERS AND DIRECT	TORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 TITLE	Change Addition
NAME	GARCIA, YOLANDA		1.2 NAME	
STREET ADDRESS	13320 S.W. 128TH ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY - ST - ZIP	
TITLE		DELETE	2. 1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	•
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-SF-ZIP	
TITLE		DELETE	3 1 11TLE	Change Addition
NAME			3.2 NAMÉ	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 C(TY - \$1 - 2IP	ALLEMAN DE LA CONTRACTOR DE LA CONTRACTO
TITLE		DEFEIF.	4. 1 TILLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4.C(1)Y+S*-7(P	
TITLE		□ DELETE	5 1 TITLE	Change Addition
NAME			5 2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6. 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			6.4 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 all siment with an addresse.

SIGNATURE:

NATURE AND TO US OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

96 (305) 17 4605

CR2E034 (12/95)