

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

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000031595 (8)

1. Corporation Name

T/E ACCOUNTING SERVICES, INC.

Principal Place of Business

~~990 SW 9 ST~~
~~MIAMI FL 33130~~

Mailing Address

~~990 SW 9 ST~~
~~MIAMI FL 33130~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2045 S.W. 13 CT	26	2045 S.W. 13 CT	04/18/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0575178	
City & State		City & State		Applied For	
23 MIAMI, FL		28 MIAMI, FL		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24 33145	25 DADE	29 33145	30 DADE	<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution	
ALFARO, ISABEL R				<input type="checkbox"/> \$5.00 May Be Added to Fees	
990 SW 9 ST				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
MIAMI FL 33130				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALFARO, ISABEL R		81 Name	
990 SW 9 ST		82 Street Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33130		2045 S.W. 13 COURT	
		83	
		84 City MIAMI	
		FL	
		85 Zip Code 33145	

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 Isabel R Alfaro DATE 3/13/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFARO, ISABEL R	1.2 NAME	
STREET ADDRESS	990 SW 9 ST	1.3 STREET ADDRESS	2045 S.W. 13 COURT
CITY - ST - ZIP	MIAMI FL 33130	1.4 CITY - ST - ZIP	MIAMI, FL 33145
TITLE	ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, EMMA	2.2 NAME	
STREET ADDRESS	990 SW 9 ST	2.3 STREET ADDRESS	2045 S.W. 13 COURT
CITY - ST - ZIP	MIAMI FL 33130	2.4 CITY - ST - ZIP	MIAMI, FL 33145
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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.

SIGNATURE: Isabel R Alfaro ISABEL R. ALFARO 3/13/98 (305) 899-8806

CR2034 (10/97)