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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000036507 (8)

S.T. GENERAL SERVICES, INC.

**FILED** 

May 13 1998 8:00am

Secretary of State

Principal Place	e of Business	Mailing Address	iling Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6445 S.W. 6T		6445 S.W. 6TH STREET							
MIAMI FL 331	44	MIAMI FL 33144	MIAMI FE 33144			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	-		
						05/04/1995			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		A	pplied For
21		26	· · · · · · · · · · · · · · · · · · ·			65-0756035		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>5</b> X		Additional	
22		27 Ch. 1 State	City & State						equired
City & State	9	<del></del>	28			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip Country			8. This corporation owes or has p				
24	25	29	30			Personal Property Tax due Jur	-		□ No
	9. Name and Address of Curren		,,,,,			10. Name and Address of New F			
TO	LEDO, ILEANA M			81	Name				
644	IS S.W. 6TH STREET			62	Street Ac	ddress (P.O. Box Number is Not Accept	able)		
MV									
				B3					·
				84	City		FL	<b>85</b> Zip	Code
11. Pursuant I	to the provisions of Sections 607.050	2 and 607 1508 Florida Statut	es the el	hove	e-named c	orporation submits this statement for the	nurnose of	chanoina i	ts registered
office of re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was a ations of, Section 607.0505, Flo	authorize orida Stat	d by	the corpo	ration's board of directors. I hereby acc	ept the appo	intment as	registered
SIGNATURE	Signature typed or printed name of registered age	ent and tille if applicable (NOT	E Registere	d Age	nt signature re	equired when reinstaling)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 T/	TLE				Change	Addition
NAME	TOLEDO, ILEANA M		1.2 N/	AME	]				
STREET ADDRESS	6445 S.W. 6TH STREET		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33144		1.4 CI		T-ZIP			<u> </u>	
TITLE		☐ DELETE	2.1 70					☐ Change	☐ Addition
NAME			2.2 N/						]
STREET ADDRESS			2.3 STREET.						ŀ
CITY-ST-ZIP TITLE		DELETE	2 4 C		T-ZIP			Change	Addition
NAME			3.2 N/		1				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					ST- ZIP				
TITLE		DELETE	4.1 7/1		-		~~	Change	Addition
NAME			4.2 N	AME					ļ
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 CI	1Y-\$1	T-ZIP				
TITLE		DELETE	5.1 Til	TLE				Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 <b>\$</b> T	REET .	ADDRESS				
CITY-ST-ZIP			5.4 Cf		T-ZIP				
TITLE		☐ DELETE	6.1 Tr					Change	☐ Addition
NAME			6 2 NA						ļ
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	artifut that the information assertion is	ith this filing sloop not sweller for	6.4 CI			in Section 119.07(3)(i), Florida Statutes.	f further ac-	tifu that the	information
ia, i nereby c	arury macme internation supplied w	nor aris ning does not quality to	э ше ехе	ກຕຸນ	non stated	in accion i 19.07(3)(1), Florida Statules.	Figure Cer	thy what trie	mormation

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 Statules, I further certify that the information indicated on this annual report or suppliemental 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 compristion 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:

Clara Tale 05

04/27/98