

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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000051982 (3)

1. Corporation Name

OUTSOURCING DE MIAMI, INC.



Principal Place of Business 1715 NW 79TH AVE MIAMI FL 33126 US	Mailing Address 1715 NW 79TH AVE MIAMI FL 33126 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/05/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0591954 Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**KENT, JIM
2810 SE 122ND AVE.
MIAMI FL 33175**

10. Name and Address of New Registered Agent

81 Name Kent, Jim	82 Street Address (P.O. Box Number is Not Acceptable) 2810 S.W. 122nd Ave.	83 City Miami, FL	84 Zip Code 33175
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Change <input type="checkbox"/> Addition
NAME VALIENTE, ENRIQUE G		1.2 NAME	
STREET ADDRESS 5761 WASHINGTON ST, #C-4		1.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VALDEZ, JOSE M. G		2.2 NAME	Jose M. Gonzalez
STREET ADDRESS 5761 WASHINGTON ST. #C-4		2.3 STREET ADDRESS	11761 S.W. 181 Terr.
CITY-ST-ZIP HOLLYWOOD FL 33023		2.4 CITY-ST-ZIP	Miami, FL 33177
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VALDEZ, MANUEL G		3.2 NAME	Manuel Gonzalez
STREET ADDRESS 5761 WASHINGTON ST. #C-4		3.3 STREET ADDRESS	11761 S.W. 181 Terr.
CITY-ST-ZIP HOLLYWOOD FL 33023		3.4 CITY-ST-ZIP	Miami, FL 33177
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWIS, SERGIO LOPEZ W		4.2 NAME	Sergio W. Lopez
STREET ADDRESS 7925 SW 104TH ST, #E203		4.3 STREET ADDRESS	7962 S.W. 89 ST.
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33158
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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:

SIGNATURE REQUIRED

2/2/98 (305)220-8477

CR2E034 (10/97)