~ FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS									
	CUMENT # P950	00060694 (3)						
F.C	C.S. SERVICE, INC.								
						I HABIITARI DIR HANDI ANIM ARADI BANI	i e e di la perior di la		171 3 1 3 111 6 101 1 3 01
Principal Place of Business Mailing Address									
	RD ROAD STE 2C	9145 BIRD ROAD ST	9145 BIRD ROAD STE 2C						
MIAMI F	·L	MIAMI FL							
						3. Date Incorporated or Qualified	3a. Date o	of Last F	Report
2. Principa	al Place of Business	2a. Mailing Address				08/07/1995 4. FEI Number	1		ra "
21		26				65-060376	ろ		Applied For Not Applicable
22 Suite, A	Apt. #, etc.	Suite, Apt. #, etc.	F-1			5. Cert-ficate of Status Desired		\$8.7	5 Additional
City & S	State	Orty & State							Required
23		28				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Ζμι 24	Country 7ip 25 29			untry	/	8. This corporation has liability for it	ntangible tax	under s	199.032,
F	9. Name and Address of Cur		30	1		Fiorida Statutes Yes 10. Name and Address of New Ri			····
				81	Name	To. Hame and Address of New At	egistered Aç	ent	
YEAMPIERRE, JOSEPH				82	Street Add	Address (P.O. Box Number is Not Acceptable)			
	SW 84TH AVENUE AI FL 33155			000			e,		
IVIIIAN	ni rl 33133			83					
				84	,				p Code
11. Pursua or regis	ant to the provisions of Sections 607.05 stored agent, or both, in the State of F	502 and 607,1508, Florida Statuti	es, the abo	VQ r	named corpor	ration submits this statement for the purp rd of directors. I hereby accept the appo	ose of chanc	incrits o	registered office
		ection 607.0505, Florida Statutes	ea by trie c	corpi	oration's boar	rd of directors. I hereby accept the appo	intment as re	gistered	agent I am
SIGNATURI	Eliginature, typoid or printed name of registered as	end and this if applicable (NO	CL Butshood	Acen	C Signature recordes				
12.	OFFICERS /	AND DIRECTORS	13.		- Cognition (Control	ADDITIONS/CHANGES TO OFFIC	DATE DEBS AND D	RECTO	SRS IN 12
TITLE NAME	PO	DELETE.	1 1]	TLE		Change Addition			
STREET ADDRES	YEAMPIERRE, JOSEPH 4245 SW 84TH AVENUE		1.2 NA						
CHTY-ST-ZIF	MIAMI FL 33155				ADDRESS				
1117£	STD	DELETE			-ZIP -		·	Change	
NAME	MENESES, VIVIAN		2 2 NA	ME			L) (a lange	Addition
STREET ADDRES	IE 10 OH OTHE ATENDE		2351	HEET /	ADDRESS				
CHY S1-ZIP THEF	MIAMI FL 33155	DELETE	2 4 CH		- 7IP				
NAME			3 1 TII 3 2 NAI					Change	Addition
STREET ADDRESS	S				ADDRESS				
CITY \$1-2IP			3.4 CH						
THLE NAME		☐ DELE IL	4 1 TIT					hange	☐ Addition
STREET ADDRESS	s		42 NA!		Norrec				
CHY-ST-ZIP			4.3 S!H		ADDRESS - ZIP				J
TITLE	, , , , , , , , , , , , , , , , , , , ,	☐ DELETE	5 1 7/1				Γìα	hange	Addition
NAME CANCEL EDDOGGE	,		5 2 NAN	Æ			۰	ango	☐ voneon
STREET ADDRESS CITY-ST-ZIF	5				LDORESS				
THILE		DELFTE	5 4 CITY		· ZIP				
NAME		T) office is	6 1 TITI	LF				nange	Addition

14. Ld boreby 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 appears in Block 12 or Block 13 if chapter on an attachment with an address.

6.4 CITY - ST - 7IP

6.2 NAME

63 STREET ADDRESS

Vivian Meneses SIGNATURE:

STREET ADDRESS

CITY - ST - ZIF

4-9-94 (305) 220-810/06