## 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 # P95000073843 (1)

ACE BUSINESS SERVICES, INC.

## FILED Feb 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				-	
Ţ ,				·	
3811 SW 47TH AVENUE   320 SW 13TH ST   STE 631   FORT LAUDERDALE FL 33315				:	
DAVIE FL 33314 US				DO NOT WRITE IN THIS SPACE	
US			3. Date Incorporated or Qualified		
		· · · · · · · · · · · · · · · · · · ·		09/22/1995	
<b>└── -</b> - '	lace of Business	2a. Mailing Address	13th st.	4. FEI Number	Applied For
21 320	<u>\$₩ 13''' St</u>	26 320 SW	(5) 34.	65-0610697	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	6	City & State	1 1	6. Election Campaign Financing	\$5.00 May Be
23 FOX	Country	28 Fort Woden	Country 1	Trust Fund Contribution	Added to Fees
Zip 24 333		29 33315 3	¬ _ 'ンユ	This corporation owes or has paid the current Personal Property Tax due June 30.	urrent year Intangible
24 000	9, Name and Address of Current		3.000	10. Name and Address of New Registered	
MOLINA, EDGAR R  81 Name					
ON COURT NECT COTH CIDEET					
FT. LAUDERDALE FL 33315				ess (P.O. Box Number is Not Acceptable)	
83					
			84 City	Fl	85 Zip Code
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 AN	D DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	Molina, Edgar		1.2 NAME		
STREET ADDRESS	320 SOUTH WEST 13TH STRE	ET	1.3 STREET AODRESS		l
CITY-ST-ZIP	FT. LAUDERDALE FL 33315		1.4 CITY-ST-ZIP		ji
TITLE	1	☐ DELETE	2.1 TITLE		Change Addition
NAME	MOLINA, CECIBEL		2.2 NAME		
STREET ADDRESS	320 SOUTH WEST 13TH STREE	ET	2.3 STREET ADDRESS	•	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME .			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-SY-ZIP	·	
TALE	<u> </u>	☐ DELET <b>E</b>	4.1 TITLE	- ·	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	•		4.3 STREET ADDRESS		
CITY-ST-ZIP		·····	4.4 CITY-ST-ZIP		
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			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby 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.

CICNATUDE:

Cailal Malia

2-12-98 (900) 524-54/