

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90042 027 ***158.75

DOCUMENT # P95000088039

1. Corporation Name
ACCOUNTING AND BOOKKEEPING SERVICE, INC.

Principal Place of Business
14247 MEMORIAL HIGHWAY, #F12
MIAMI FL 33162

Mailing Address
P O BOX 010309
MIAMI FL 33101
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1995

4. FEI Number

65-0619638

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 16300 NE 19th AVE

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #231

Suite, Apt. #, etc.

27

City & State

23 North miami beach, FL

City & State

28

Zip

24 33162

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

FERNANDES, MARK ANTHONY
14247 MEMORIAL HIGHWAY, #F12
MIAMI FL 33162

10. Name and Address of New Registered Agent

81 Name

MARK Fernandes

82 Street Address (P.O. Box Number is Not Acceptable)

14301 Memorial Hwy 1-J

83

84 City

North Miami

FL

85 Zip Code

33161

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.

Mark Fernandes, President

DATE

3/29/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME FERNANDES, MARK ANTHONY

STREET ADDRESS 14247 MEMORIAL HIGHWAY, #F12

CITY-ST-ZIP MIAMI FL 33162

TITLE S ☒ DELETE

NAME ROLLE-FERNANDES, VERETAS E

STREET ADDRESS 14247 MEMORIAL HIGHWAY, #F12

CITY-ST-ZIP MIAMI FL 33162

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Fernandes, MARK A.

1.3 STREET ADDRESS 14301 Memorial Hwy 1-J

1.4 CITY-ST-ZIP North Miami, FL 33161

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME Rolle-Fernandes, Veretas E.

2.3 STREET ADDRESS 14301 Memorial Hwy 1-J

2.4 CITY-ST-ZIP North Miami, FL 33161

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 with all other like empowered.

SIGNATURE: Mark Fernandes President 3/29/99 305-945-7892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)