## 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 #

7947 NW 187TH TER.

**MIAMI FL 33015** 

P96000034771 (1)

SERCLA STAFF SERVICES, INC

Principal Place of Business	Mailing Address		
7947 NW 187TH TER. MIAMI FL 33015	7947 NW 187TH TER. MIAMI FL 33015		
2. Principal Place of Business	2a. Mailing Address		

65-0659453 Not Applicable Suito, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 26 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name VICTORES, SERGIO

Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.05/02 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

83

SIGNATURE	Signature, typed or printed name of registared agent and title if applicable (NO	TE Registered Agent signature re-	quired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES			
TITLE	P DELETE	1.1 TITLE			Change	Addition
NAME	VICTORES, SERGIO	1.2 NAME				
STREET ADDRESS	7947 NW 187TH TER.	1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33015	1.4 CITY+ST-ZIP				
TITLE	DELETE	2.1 TITLE		Į	Change	☐ Addition
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP		2. 4 CITY-ST-ZIP				1 2 2 2 2
TITLE	DELETE	3.1 TITLE		L	Change	☐ Addition
NAME		3.2 NAMÉ				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	DELETE	4 1 TITLE		L	Change	Addition
NAME		4 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-2IP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE		l	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		Į.	■ Change	Addition
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
	I .					

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 trusted 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 or mattachment with an address.

SIGNATURE:

**FILED** 

Mar 13 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/22/1996 4. FEI Number

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

Applied For