PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000037683

FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90044 012 ***158.75

, , , , , ,	TAX SERVICE, INC.				
Principal Place	e of Business	Mailing Address		S JESTSBOT (IS ESILE STILL SELLS SELLS SELLS SE	***************************************
7235 CORAL W	/AY	7235 CORAL WAY			
201 Miami FL 3315:	6	201 Miami Fl. 33155		DO NOT WRITE IN TH	IIS SPACE
US	3	US		3. Date Incorporated or Qualifed	
**				04/26/1996	
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	'Applied For
21		26		65-0667241	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	<u> </u>	City & State		6. Election Campaign Financing	\$5.00 May Be
23	6	28		Trust Fund Contribution	Added to Fees
Zip	Country	_ Zip	Country	8. This corporation owes the current year	Intangible
24	25	29 3	0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registers	ed Agent
SUE	ro. Matilda		81 Name A	MARIA LOPEZ	
7235 CORAL WAY				ress (P.O. Box Number Is Not Acceptable)	
201			83 / 4.33	CORAL WAY STE JOI	
MIAN	VII FL 33155				
			B4 City		L 85 Zip Code 33155
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	, the above-named corp	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Liflorida. Such change was authors of Section 607,9505. Florid	norized by the corporati a Statutes.	ion's board of directors. I hereby accept the app	pointment as registered
SIGNATURE	1////	mi Lors	 -		Ì
SIGNATURE	Signature, typed or printed herne of registered agent		glatered Agent signature require		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 21
TITLE {		C DELETE			THE Change Addition
	DPS NATILDE	☐ DELETE	1: 1-	TD	M.Change ☐ Addition ☐
KAME	SUERO, MATILDE	☐ DELETE	1.2 NAME	OPEZ, MARIA	P&.Change □ Addition 11)
NAME STREET ADDRESS	SUERO, MATILDE 7235 CORAL WAY STE 201	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 7	OPEZ MARIA A3S CORAL WAY STE DOI	McChange □ Addition 17. ACE 034 (11)
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NAME STREET ADDRESS	SUERO, MATILDE 7235 CORAL WAY STE 201		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	TD OPEZIMARIA A35 CORAL WAY STE JOI HAMI, FL 33155 PS JERO, MATILDE	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Change ☐ Addition ☐ Change ☐ Cha
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nouvales on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am all officer or director of the corporation or the receiver or trustee empowered to excute this report as required by Chapter 60?, 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.

G OFFICER ON DIRECTOR MARIA LOPEZ PRESIDENT

(305) 247-5837