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

PROFIT CORPORATION "ANNÚAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000042072

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90036 026 ***150.00

OUTC	AST SERV	ICES, INC	•								144
Principal Pla	ace of Business		Mailing Address					-			
1 -		th Terrac	Mailing Addres	s							
1	ni, Flori		-								
MICH	11, 11011	uu 55145						DO NOT WRIT	E IN THIS	SPACE	
								3. Date incorporated or Qualified 5/10/96			
· ·	Place of Business		2a. Mailing Add	ress	-			4. FEI Number	•••		Applied For
21			26					65-0666039		———	Vot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						-			· 🗆		Additional
22			27					5. Certificate of Status Desired	ш	Fee F	Required
City & St	ate		City & State					6. Election Campaign Financing		\$5.00	0 May Be
23		 	28					Trust Fund Contribution		-	d to Fees
Zip	<u> </u>	Country	Zip	 	Countr	У		8. This corporation owes or has p		rent year Ir	ntangible
24	25	Address of Comment	29	30				Personal Property Tax due June			□ No
	9. Name and	Address of Current	Hegistered Agent		81			10. Name and Address of New R	egistered /	igent	
JOSE	A. LASZ	LO			01	l Name					
2980	s.w. 19	th Terrac	е		82	Street	Addres	ss (P.O. Box Number is Not Acceptal	ble)		
Miami, Florida 33145						<u> </u>					
	. _, _				83	'					
					84	City		,		85 Zip	Code
11 Puraupat		(Carter - 007 0500	1007 (500 5)						FL	1 1 '	
							l corpor	ration submits this statement for the n's board of directors. I hereby acce	purpose of	changing i	its registered
agent. I	am familiar with, an	d accept the obligation	ons of, Section 607.	.0505. Florida S	tatute	s.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	To began on amostoro, Thereby acce	pr the appe	nitificial as	registered
SIGNATURE	Signature (wood or gent	ed name of registered agent a									
12.	Signature, typed or print	OFFICERS AND I		(NOTE Regist		ent signature	p required	when remstating)	DATE	5.050=0	
TITLE	TD/D		DE DE	·	I TITLE		, 	ADDITIONS/CHANGES TO OFFI		☐ Change	Addition
NAME	D/P	T = 2 1 -			NAME		İ			LI Gliange	LJ AGUILION
STREET ADDRESS	Jose A.		3622	I .	_	T ADDRESS					
CITY-ST-ZIP	2980 S.W.	19th Terra	ce, mlami,		CITY - S						
TITLE	D/VP/S		☐ DE		I TITLE	51 - 217	 		·	Change	1 3000000
NAME	Ondina E.	Taszlo		1	NAME					Li Change	L.J. Addition
STREET ADDRESS		19th Terra	ce Miami			ADDRESS					
CITY-ST-ZIP	2900 B.W.	TOG! TELLO	ec, manuf	8	4 CITY-:		1				.
THE	<u> </u>		□ DE		TITLE	31-217				☐ Change	Addition
NAME	1		_	1	NAME					Unenge	AGGREGIT .
STREET ADDRESS	*					ADDRESS	}				.
CIT f - ST - ZIP				A	CITY-S						
TITLE			☐ DEI		TITLE	31-21				Change	Addition
1,4456				E .	NAME					Unange	La Augusti
STREET ADDRESS						ADDRESS					
277-ST-ZIP					CITY - S						i
TRE		···-	☐ CEI		TITLE	1 - EIF			r	Change	Addition
1,4135				1	NAME	j				_ onange	- recipen
STPEET ADDRESS				a fi		ADDRESS					
				9	CITY-S	i					
· · - <u>:</u>			☐ CEL		TITLE	1 - 2.4			Г	Crance	Addition -
1,41,15					NAME					باواله ان ب	-9000001
Direer Alioness				E E		ADORESS					
277 21 710				1 "		· DUITEGO					ŀ

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 Slock 12 or Block 13 if changed, or on an affiacinment with an address.

SIGNATURE:

JOSE A. Laszlo, President