


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

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90019 036 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # P96000059729 ✓ 1. Corporation Name <b>SERVICE ONE INT'L INC. ✓</b>								
Principal Place of Business <b>6923 N.W. 82nd Avenue Miami, Fl. 33166</b>			Mailing Address <b>6923 N.W. 82nd Avenue Miami, Fl. 33166</b>					
2. Principal Place of Business 21. <b>6985 N.W. 82nd Avenue</b> Suite, Apt. #, etc.		2a. Mailing Address 26. <b>6985 N.W. 82 Avenue</b> Suite, Apt. #, etc.		4. FEI Number <b>65-0680144 ✓</b> Applied For Not Applicable				
22. City & State 23. <b>MIAMI, FL. 33166</b> Zip Country		27. City & State 28. <b>Miami,</b> Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
24. <input type="checkbox"/> 25. <input type="checkbox"/>		29. <b>33166</b> 30. <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. Name and Address of Current Registered Agent <b>JORGE MORANO 6923 N.W. 82 Avenue Miami, Fl. 33166</b>			10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) <b>6985 N.W. 82 Avenue</b> 83. <b>Miami, Fl.</b> 84. City <b>FL</b> 85. Zip Code <b>33166</b>					
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 11.1 TITLE <input type="checkbox"/> DELETE NAME <b>DPST</b> STREET ADDRESS <b>Jorge Morano</b> CITY-ST-ZIP <b>9952 S.W. 88 St #3G</b> <b>Miami, Fl.</b> 11.2 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 11.3 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 11.4 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 11.5 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 11.6 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>7751 S.W. 103 Place</b> 1.3 STREET ADDRESS <b>Miami, Fl. 33173</b> 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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:  **Jorge Morano, Pres.** 4/28/99 305-715-9605  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #