


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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90061 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000059885**

1. Corporation Name

ALL AMERICAN IMMIGRATION SERVICES INC.



Principal Place of Business 1993 U.S. 27 SOUTH SEBRING FL 33870	Mailing Address 1993 U.S. 27 SOUTH SEBRING FL 33870
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2023 U.S. 27 South Suite, Apt. #, etc. 22 City & State 23 Sebring, FL. Zip 24 33870 Country 25 U.S.A.		2a. Mailing Address 26 2023 U.S. 27 South Suite, Apt. #, etc. 27 City & State 28 Sebring, FL. Zip 29 33870 Country 30 U.S.A.		3. Date Incorporated or Qualified 07/17/1996	
4. FEI Number 65-0681500		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		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

**MARTINEZ, WILLIAM
1993 U.S. 27 SOUTH
SEBRING FL 33870**

10. Name and Address of New Registered Agent

81 Name	William Martinez
82 Street Address (P.O. Box Number is Not Acceptable)	2023 U.S. 27 South
83	
84 City	Sebring
85 Zip Code	FL 33870

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, WILLIAM	1.2 NAME	
STREET ADDRESS	1993 U.S. 27 SOUTH	1.3 STREET ADDRESS	2023 U.S. 27 South
CITY-ST-ZIP	SEBRING FL 33870	1.4 CITY-ST-ZIP	Sebring, FL. 33870
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VSTD	2.2 NAME	
STREET ADDRESS	MARTINEZ, ODALYS	2.3 STREET ADDRESS	2023 U.S. 27 South
CITY-ST-ZIP	1993 U.S. 27 SOUTH	2.4 CITY-ST-ZIP	Sebring, FL. 33870
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/99 941-382-2111

CR2E034 (11/98)