

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

FILED
Sep 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra S. Northam Secretary of State DIVISION OF CORPORATIONS	
1997 Amended			
DOCUMENT # PA160000076743			
1. Corporation Name ALL Services, Inc.			
Principal Place of Business 8299 Coral Way Miami, FL 33155		Mailing Address 8299 Coral Way Miami, FL 33155	
2. Principal Place of Business 21 11541 S.W. 109 RD Suite, Apt. #, etc. 22 Unit B City & State 23 Miami, FL Zip 24 33176 Country 25 U.S.A.		2a. Mailing Address 26 11541 S.W. 109 RD Suite, Apt. #, etc. 27 Unit B City & State 28 Miami, FL Zip 29 33176 Country 30 U.S.A.	
3. Date Incorporated or Qualified 9/16/96			
3a. Date of Last Report 2/29/97			
4. FEI Number Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SKRD, Inc. 201 Alhambra Circle Suite 1102 Coral Gables, FL 33155		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Unit B 84 City 85 Zip Code 86 FL 33176	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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] Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 9-3-97			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
DSTD Gonzalez Julio 8299 Coral Way Miami, FL 33155		President Azel, DAN 11541 S.W. 109 RD Unit B Miami, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
		V. Pres./Treasurer Carlos Mendiolaga Jr. 7915 Camino Circle Miami, FL 33143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
		DALFRED CONVEGGA X 6820 SW 45 LANE #2 MIAMI, FL. 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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, on an attachment with an address.			
SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8/21/97 (205) 596-9785 Date Daytime Phone #	

CR2E034 (9/96)