

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1082

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 AUG -6 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000077268 (6)
1. Corporation Name
CONVENIENT SERVICES INC.

Principal Place of Business

Mailing Address

1604 NW 7 AVE.
MIAMI FL 33136

1604 NW 7 AVE.
MIAMI FL 33136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/17/1996	3a. Date of Last Report
4. FEI Number 65-0701322	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

FERNANDEZ, AMARILIS
1604 NW 7 AVE.
MIAMI FL 33136

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, AMARILIS	1.2 NAME	
STREET ADDRESS	1604 NW 7 AVE.	1.3 STREET ADDRESS	600002264366--6
CITY-ST-ZIP	MIAMI FL 33136	1.4 CITY-ST-ZIP	-08/12/97--01037--025 ****165.00 ****165.00
TITLE	PVST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, AMARILIS	2.2 NAME	
STREET ADDRESS	1604 NW 7 AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	2.4 CITY-ST-ZIP	
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 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, or on an attachment with an address.

CR2E034 (4/97)

JB
8-8-97

2082

Convenient Services Inc.
1604 NW 7 Ave.
Miami, Fla. 33136

7-29-97

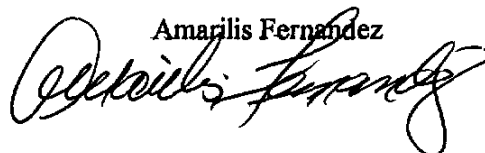
To whom it may concern:

I recently received this second Notice for filling my Annual Corporate Report. This second notice is the only notice I've received by mail. It seems like the initial report was lost or sent to another address because I never received it. I contacted your office today and was told to write a brief letter mentioning what occurred and to send a check for the original cost of filling the annual report- \$165.00.

I hope an exception can be made in my case because of the fact that I never received any of the reports your office sent to me prior to this one. **Thank You.**

Sincerely,

Amarilis Fernandez

A handwritten signature in dark ink, appearing to read 'Amarilis Fernandez', written over the printed name.