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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000077268 (6)

CONVENIENT SERVICES INC.

Principal Place of Business

Mailing Address

FILED Feb 26 1998 8:00am Secretary of State

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1804 NW 7 A		1604 NW 7 AVE. MIAMI FL 33136				
MIDMITE 931	**	minum 1 C 90190			DO NOT WRITE IN TH	IIS SPACE
					3. Date Incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·
					09/17/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0701322	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			8. Certificate of Status Desired	Fee Required
City & State	e	City & State			Election Campaign Financing	\$5.00 May Be
23		26			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	ed Agent
FE	RNANDEZ, AMARILIS		8	1 Name		
	04 NW 7 AVE		8	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
	MI FL 33136		: "			· •
****			8	3		
			6	4 City		85 Zip Code
office or r agent. I a SIGNATURE	egisterod agent, or both, in the state m familiar with, and accept the oblig	gations of, Section 607.0505	ias aumonzeo i, Florida Statut	es.	tion's board of directors. I hereby accept the	
J. J. J. T.	Signature, typed or printed name of registered ag-		(NOTE: Registered A	gent signature requ	red when reinstaling) DAT	
12.	OFFICERS AN	ID DIRECTORS	13.	.,	ADDITIONS/CHANGES TO OFFICERS A	
TATLE	D	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	FERNANDEZ, AMARILIS		1.2 NAM	E		
STREET ADORESS	1604 NW 7 AVE.		1.3 STAE	et address		
CITY-ST-ZIP	MIAMI FL 33136		1.4 CITY	·ST-ZIP		
TITLE	PVST	DELET e	2.1 TITLE			Change Addition
NAME	FERNANDEZ, AMARILIS		2 2 NAM	E .		
STREET ADDRESS	1604 NW 7 AVE.		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33136		2. 4 CITY	-ST-ZIP		
TITLE		☐ DELET é	3.1 TITLE			Change Addition
NAME			3.2 NAM	:		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM			
				ET ADDRESS		
STREET ADDRESS						
CITY-ST-ZIP		DELETE	4.4 CITY 5.1 TITLE			Change Addition
TITLE		in perrit				onengo ridutor
NAME			5.2 NAM			
STREET ADDRESS				et address		
CITY-ST-ZIP		T1 85:	5.4 CITY			Change Lader-
TITLE		DELETE	6.1 TITLE		and and and are some the source of the	Change Addition
NAME			6.2 NAMI	:	00000244 33 -03/02/9801004	350 PC 024 Z.26
STREET ADDRESS			6.3 STRE	ET ADDRESS	~U3/U2/36~~U1UU4~~	ULT 12.26
PITY . CT . 7(D			64 0119	ST. 7IP	***150.00	. •

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 of the receiver or trustee employered 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 oddress.