

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

APPROVED  
AND  
FILED

97 MAY 28 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000083559 (0)			
1. Corporation Name MONTY SERVICES CORPORATION, INC.			
Principal Place of Business 10000 SW 75th St Suite 403 Miami, FL 33144		Mailing Address 10000 SW 75th St Suite 403 Miami, FL 33144	
2. Principal Place of Business		2a. Mailing Address	
21 7575 W Flagler St.	26 2267 Coral Way		
22 202 B	27 430		
23 Miami FL	28 Miami FL		
24 33144	25 USA	29 33145	30 33145
3. Date Incorporated or Qualified 10/07/1996			
3a. Date of Last Report			
4. FEI Number 65-0699708		Applied For	
		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	
10. Name and Address of New Registered Agent			
81 Name Jose M. Meneses			
82 Street Address (P.O. Box Number is Not Acceptable) 8006 SW 149 Ave # D102			
83			
84 City Miami FL 85 Zip Code 33193			
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] (NOTE: Registered Agent signature required when reinstating) DATE:			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE President		1.2 NAME Jose M Meneses	
1.3 STREET ADDRESS 8006 SW 149 Ave apta D-102		1.4 CITY-ST-ZIP Miami FL 33193	
2.1 TITLE		2.2 NAME	
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
3.1 TITLE		3.2 NAME	
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
4.1 TITLE		4.2 NAME	
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
5.1 TITLE		5.2 NAME	
5.3 STREET ADDRESS		5.4 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, or on an attachment with an address.			
SIGNATURE: [Signature] NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)