


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

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P96000090381</i> 1. Corporation Name <i>ESSEX STAFFING &amp; HUMAN RESOURCES SERVICES, INC.</i>			
Principal Place of Business <i>P.O. Box 440031</i> <i>MIAMI- FLORIDA 33144</i>		Mailing Address <i>P.O. Box 440031</i> <i>MIAMI- FLORIDA 33144</i>	
2. Principal Place of Business 21 <i>1720 SW 97th Ave</i> Suite, Apt. #, etc. 22 City & State 23 <i>MIAMI-FLORIDA</i> Zip 24 <i>33165</i>		2a. Mailing Address 26 <i>PO Box 440031</i> Suite, Apt. #, etc. 27 City & State 28 <i>MIAMI- FLORIDA</i> Zip 29 <i>33144</i> Country 30 <i>USA</i>	
9. Name and Address of Current Registered Agent <i>JUAN PAULA</i> <i>1720 SW 97th Ave</i> <i>MIAMI- FL 33165</i>		10. Name and Address of New Registered Agent 81 Name <i>JUAN PAULA</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>1720 SW 97th Ave</i> 83 84 City <i>MIAMI-</i> FL 85 Zip Code <i>33165</i>	
11. Pursuant to the provisions of Sections 607.0509 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 <i>Juan Paula</i> <i>JUAN PAULA</i> 4-21-98 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE <i>JUAN PAULA</i> <input type="checkbox"/> DELETE NAME <i>P VPST.</i> STREET ADDRESS <i>1720 SW 97th Ave</i> CITY-ST-ZIP <i>MIAMI- FL 33165</i>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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)(a), 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.		100002517621 -05/08/98--01092--022 www.150-00	
SIGNATURE: <i>Juan Paula</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-21-98 Date Daytime Phone #	

CR2E034 (10/97)