


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

FILED

May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000094475 (6)

1. Corporation Name
ALLIED SERVICES, INC.

Principal Place of Business
C/O 101 MADEIRA AVENUE
CORAL GABLES FL 33134

Mailing Address
C/O 101 MADEIRA AVENUE
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1996	
21 9390 NW 109th Street	26 9390 NW 109th Street	4. FEI Number 65-0707913		Applied For Not Applicable	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fees Required	
23 City & State Medley, FL	28 City & State Medley, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33178	29 Zip 33178	30 Country		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	

9. Name and Address of Current Registered Agent ARAZOZA, COMAS, DE TORRES, FERNANDEZ-FRAGA 101 MADEIRA AVENUE CORAL GABLES FL 33134		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

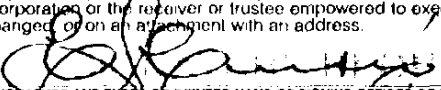
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P CUSCO, EDUARDO	1.1 TITLE	PTD CUSCO, EDUARDO
NAME	101 MADEIRA AVE	1.2 NAME	9390 NW 109th Street
STREET ADDRESS	CORAL GABLES FL 33134	1.3 STREET ADDRESS	Medley, FL 33178-1225
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP SMITH, RAUL	2.1 TITLE	VPD SMITH, Raul
NAME	101 MADEIRA AVE	2.2 NAME	9390 NW 109th Street
STREET ADDRESS	CORAL GABLES FL 33134	2.3 STREET ADDRESS	Medley, FL 33178-1225
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S SOTOLONG, RAUL OSCAR	3.1 TITLE	VPSD Sotolongo, Raul Oscar
NAME	101 MADEIRA AVE	3.2 NAME	9390 NW 109th Street
STREET ADDRESS	CORAL GABLES FL 33134	3.3 STREET ADDRESS	Medley, FL 33178-1225
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T CUSCO, ENRIQUE	4.1 TITLE	D Hermida, Carlos
NAME	101 MADEIRA AVE	4.2 NAME	9390 NW 109th Street
STREET ADDRESS	CORAL GABLES FL 33134	4.3 STREET ADDRESS	Medley, FL 33178-1225
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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:



4/17/98

CR2E034 (10/97)