

4-17-98 B-5009 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000101402 (1)
 1. Corporation Name
A-1 REAL ESTATE SERVICES CORP.



Principal Place of Business 7235 CORAL WAY #209 MIAMI FL 33155	Mailing Address 7235 CORAL WAY #209 MIAMI FL 33155
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/17/1996		4. FEI Number 65-0721769		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
2. Principal Place of Business 21 7235 Coral Way Suite, Apt. #, etc. 22 Suite 201	2a. Mailing Address 26 7235 Coral Way Suite, Apt. #, etc. 27 Suite 201	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Miami, FL. City & State	28 Miami, FL. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 FL 33155 Zip	25 USA Country	29 33155 Zip	30 USA Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
DE LA OSA, MARIA ELENA
7235 CORAL WAY #209
MIAMI FL 33155

10. Name and Address of New Registered Agent
 81 Name **Matilde O. Suero**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **7235 Coral Way, Ste. 201**
 84 City **Miami** 85 Zip Code **FL 33155**

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 *Matilde O. Suero* **Matilde O. Suero** **4/11/98**
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PSTD	<input checked="" type="checkbox"/>
NAME	DE LA OSA, MARIA ELENA	
STREET ADDRESS	7235 CORAL WAY #209	
CITY - ST - ZIP	MIAMI FL 33155	
TITLE	VP	<input type="checkbox"/>
NAME	GUSTAVO, D S	
STREET ADDRESS	7235 CORAL WAY, #209-201	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PSTD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Matilde Suero		
1.3 STREET ADDRESS	7235 Coral Way, Ste 201		
1.4 CITY - ST - ZIP	Miami, FL. 33155		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(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: *Matilde O. Suero* (305) **4/11/98** (305) **267-9930**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (0216323)

CR2E034 (10/97)