

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

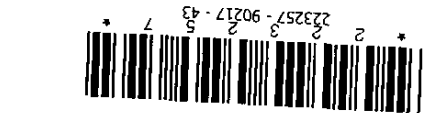
03-11-1999 90217 043 \*\*\*158.75

**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # P96000101402**  
 A-1 REAL ESTATE SERVICES CORP.



DOCUMENT - 3

1. Corporation Name  
 2. Principal Place of Business  
 7235 CORAL WAY  
 201  
 MIAMI FL 33155  
 US

Mailing Address  
 7235 CORAL WAY  
 201  
 MIAMI FL 33155  
 US

2a. Mailing Address  
 26. Suite, Apt. #, etc.  
 27. City & State  
 28. Zip  
 29. Country

3. Date Incorporated or Qualified  
 12/17/1996

4. FEI Number  
 65-0721769

5. Certificate of Status Desired  
 Additional Fee Required \$8.75  
 Not Applicable

6. Election Campaign Financing  
 Added to Fees \$5.00 May Be  
 Trust Fund Contribution

8. This corporation owes the current year intangible  
 Personal Property Tax.  
 Yes  
 No

9. Name and Address of Current Registered Agent  
 MAFLIDE, SUERO O  
 7235 CORAL WAY STE 201  
 MIAMI FL 33155

10. Name and Address of New Registered Agent  
 81. Name  
 MATILDE SUERO  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 7235 CORAL WAY STE 201  
 83. City  
 MIAMI  
 84. State  
 FL  
 85. Zip Code  
 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PSTD NAME MATILDE, SUERO STREET ADDRESS 7235 CORAL WAY STE 201 CITY-ST-ZIP MIAMI FL 33155	<input checked="" type="checkbox"/> DELETE 1.1 TITLE 1.2 NAME MATILDE SUERO 1.3 STREET ADDRESS 7235 CORAL WAY STE 201 1.4 CITY-ST-ZIP MIAMI, FL 33155
TITLE VP NAME GUSTAVO, D S STREET ADDRESS 7235 CORAL WAY STE 201 CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> DELETE 2.1 TITLE 2.2 NAME GUSTAVO D. SUERO 2.3 STREET ADDRESS 7235 CORAL WAY STE 201 2.4 CITY-ST-ZIP MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

as not qualify for the exemption stated in Section 19.07(3)(c), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address with all other like empowered.

IF SIGNING OFFICER OR DIRECTOR  
 MATILDE SUERO, PRESIDENT  
 Date 3/4/99  
 Daytime Phone # (305) 267-9930

C-37E034 (11/98)