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

PROFIT CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P96000104002 (6)

A-JUNG MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address 401 CORAL WAY STE 202 401 CORAL WAY STE 202 **CORAL GABLES FL 33134 CORAL GABLES FL 33134** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/23/1996 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 65-0725868 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ARAUJO, MARIO 401 CORAL WAY 62 202 83 **CORAL GABLES FL 33134** 84 IAMI 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. Hereby accept the appointment as registered agent. I am/familiar with, and accept the spligations of, Section 607.0505, Florida Statutes. ARZI Lesmo OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE DESMOND, KARY 1.2 NAME NAME **5809 SW 31ST STREET** STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33155** CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE __ Addition Change TITLE VTD 2.1 TITLE NAME ARAUJO, MARIO M 2.2 NAME 6800 SW 40TH ST. APT 444 2.3 STREET ADDRESS STREET ADDRESS **MIAM! FL 33155** CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-\$1-ZIP CITY-ST-ZIP DELETE ___ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP 14. Thereby 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 rule 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 trusted expowered 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 or an attachment with an address.