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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Mar 24 1998 8:00am Secretary of State

	1998	DIVISION OF C	CORPORA	TIONS	Scoretary of State	
1	IMENT # P9700 O ACCOUNTING SERVICES	0005267 (4) S, INC.			#	
Principal Place of Business Mailing Address					, tennent ten enter natur antit antit detti delle fille fent allit 1841	
18000 N.W. 2ND AVE. 18000 N.W. 2ND AVE. MIAMI FL 33169 MIAMI FL 33169						
MIN'MI I E G	,,,,,	MINMITE 45105			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
9 Dringing I	Diagonal Divisional	A A A Street And A deliver			01/13/1997	
2. Principal Place of Business 2a. Mailing Address 26				4. FEI Number Applied For Not Applicable		
	Sulte, Apt. #, etc. Suite, Apt. #, etc.				¢0.75	
27				5. Certificate of Status Desired Fee Required		
	City & State City & State				Election Campaign Financing \$5.00 May Be	
Zip	Country	Zip	Count		Trust Fund Contribution Added to Fees	
24	25	<u> </u>	30	шу	8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes	
	9. Name and Address of Curre	ent Registered Agent	1301		10. Name and Address of New Registered Agent	
BF	RAVO, ADA F		8	1 Name		
18000 N.W. 2ND AVE.			8	82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33169						
			8	3		
			8	4 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	i02 and 607.1508, Florida Statute	s, the abo	ve-named	corporation submits this statement for the purpose of changing its registered	
office or i agent. I a	registered agent, or both, in the Statem familiar with, and accept the oblid	e of Florida, Such change was a gations of, Section 607,0505, Flo	uthorized I rida Statut	by the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	adut An	wo	Oldida		3/18/98	
	Signature, typed or printed name of registered as	·		gent signature	required when reinstating) DATE	
12.	PD OFFICERS AF	ND DIRECTORS DELETE	13.	Т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	BRAVO, ADA F	L. Settine	1.2 NAM		Change C Auditor	
STREET ADDRESS	18722 N.W. 48TH AVE.			ET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33055		1.4 CITY	-ST-ZIP		
TITLE	\$T	☐ DELETE	2.1 TITLE		Change Addition	
NAME	BRAVO, ADA F		2.2 NAMI	: 1		
STREET ADDRESS	18000 N.W. 2ND AVE.			ET ADDRESS	\$	
CITY-ST-ZIP TITLE	MIAMI FL 33169	DELETE	2. 4 CITY 3.1 TITLE		☐ Change ☐ Addition	
NAME		<u> </u>	3.2 NAME		Criange L. Mounton	
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		
TITLE		☐ DELE te	4.1 TITLE		☐ Change ☐ Addition	
NAME			4.2 NAM			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY- 5.1 TITLE		☐ Change ☐ Addition	
NAME		occess	5.2 NAME		L Change L Audition	
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		☐ DELETE	6.1 TeTLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP	certify that the information supplied	with this filling does not qualify for	6.4 CITY-		d in Section 119.07(3)(i). Florida Statutes, I further certify that the information	
				- von blatti	a in appending 15.0710701, FIGHUA DIGIUIGS, FIGHTIEF CERTIFY IDELLIER MICHINATION II	

Thereby certify that the information supplied with this filing does not quality 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.

2/18/98