

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

**FILED**  
**Jun 03 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P97000006565 (0)**  
 1. Corporation Name  
**COMPLETE AND RELIABLE PROPERTY MANAGEMENT, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>9745 S.W. 72 STREET, SUITE 211<br/>MIAMI FL 33173</b> | Mailing Address<br><b>POST OFFICE BOX 83-2557<br/>MIAMI FL 33283</b> |
|---|--|

DO NOT WRITE IN THIS SPACE

|   |                  |                        |                  |   |                                       |
|---|------------------|------------------------|------------------|---|---------------------------------------|
| 2. Principal Place of Business                  |                  | 2a. Mailing Address    |                  | 3. Date Incorporated or Qualified<br><b>01/16/1997</b>    |                                       |
| 21. Suite, Apt #, etc.                          | 22. City & State | 26. Suite, Apt #, etc. | 27. City & State | 4. FEI Number<br><b>65-0728691</b>                        | Applied For<br>Not Applicable         |
| 23. Zip   | 25. Country      | 29. Zip                | 30. Country      | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
| 9. Name and Address of Current Registered Agent |                  |                        |                  | 10. Name and Address of New Registered Agent              |                                       |

**RAMIREZ, CARLOS A**  
**9745 S.W. 72 STREET, SUITE 211**  
**MIAMI FL 33173**

|  |              |
|--|--------------|
| 81. Name   | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83.  |              |
| 84. City   | <b>FL</b>    |

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 \_\_\_\_\_ (NON-Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>RAMIREZ, CARLOS A</b>                 | 1.2 NAME  |   |
| STREET ADDRESS             | <b>8401 S.W. 115 AVENUE</b>              | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL 33173</b>                    | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>RAMIREZ, GISELA R</b>                 | 2.2 NAME  |   |
| STREET ADDRESS             | <b>8401 S.W. 115 AVENUE</b>              | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL 33173</b>                    | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |   |

*Handwritten signature/initials*

**800002549473**  
**-06/05/98--01095--007**  
**\*\*\*150.00**

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: *[Handwritten Signature]*

**4-15-98**  
**305**  
**518-4068**

CR2E034 (10/97)