

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

FILED

**Jul 08 1998 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000016810

1. Corporation Name
BLANC & NOIL SERVICES INC.



Principal Place of Business: **17520 NW 67th PL
APT C
MIAMI FL 33015**
Mailing Address: **17520 NW 67th PL
APT C
MIAMI FL 33015**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
4. FEI Number: **65-0730746**
5. Certificate of Status Desired: **\$8.75 Addtl Fee Requird**
6. Election Campaign Financing: **\$5.00 May Added to Fe**
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

2. Principal Place of Business: **10 ROBERTO GUZMAN
APT C
17520 NW 67th PL
MIAMI FL
33015 Dade**
2a. Mailing Address: **10 ROBERTO GUZMAN
APT C
17520 NW 67th PL
MIAMI FL
33015 Dade**

8. Name and Address of Current Registered Agent
9. Name and Address of New Registered Agent: **BARON BR BARINAP
5701 NW 36th ST
VIRGINIA GARDENS FL 33146**

11. I am/We are the 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: **[Signature]** DATE: **7/29/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		1.2 NAME	PRESIDENT
STREET ADDRESS		1.3 STREET ADDRESS	ROBERTO G. GUZMAN
CITY, ST, ZIP		1.4 CITY, ST, ZIP	17520 NW 67th PL APT C
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	MIAMI FL 33015
NAME		2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/>
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
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"/>
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"/>
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"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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-07/08/98--01005--023
***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 info 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 a 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 appear Block 12 or Block 13 if changed, on an attachment with an address.