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

PROFIT · CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mörtham 🗻

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000022154 (3)

SOUTH FLORIDA'S SERVICES INC.

FILED Jun 23 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		•	
7088 NW 50 STREET 7088 NW 50 STREET MIAMI FL 33166 MIAMI FL 33166					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
1					03/07/1997
2. Principal Place of Business 2a. Mailing Address			SS		4. FEI Number Applied For
21		26			65-0749536 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, o	le.		\$9.75 Additional
22		27	27		5. Certificate of Status Desired Fee Required
City & Stat	e	City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23		28	*		Trust Fund Contribution Added to Fees
Zip	Country	Zgr	Count	ry	8. This corporation owes or has paid the current year Intangible
24	25]	[29]	30		Personal Property 1 ax due June 30. Yes No
	9. Name and Address of Curr	ent Hegistered Agent		1 Name	10. Name and Address of New Registered Agent
	RANATA, GUILLERMO H		l°	Ivaine	
	88 NW 50 STREET		8	2 Street	Address (P.O. Box Number is Not Acceptable)
Mi	AMI FL 33166		8		
			٥	3	
			8	4 City	85 Zip Code
44 D	16-11-6077	100 - 2007 4100 TO ST			FL Prode
office or r	rogistered agent, or both, in the Sta im familiar with, and accept the obl	ite of Florida. Such changi	was authorized :	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					
12,	Signature typed or printed name of registered in OFLICERS A	ND DIRECTORS	I 13.	gent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PRESIDENT	DELE			President
NAME			1.2 NAME		GUILLER 40 GRANATA.
STREET ADDRESS FOR 7089 NW 50 S		\$7	1.3 STREET ADDRESS		7088 NW 5056
CITY-ST-ZIP	MIAM, TR. 33166		1.4 CITY	-ST-ZIP	MIAMI PR. 33166
TITLE		DELF	TE 2.1 717LE		☐ Change ☐ Addition
NAME			2.2 NAMI		
STREET ADDRESS			2.3 STRE	ET ADDRESS	
CITY-ST-ZIP			2 4 CITY	- ST - ZIP	
TITLE	DELETE 31T		JE 31 TITLE		☐ Change ☐ Addition
NAME			32 NAM		
STREET ADDRESS			3 3 STHE	ET ADDRESS	
CITY-ST-ZIP			3 4, CITY		
THILE		☐ DELE	TE 4.1 TITLE		/ Change [_] Addition
NAME			4. 2 NAM		41 / /
STREET ADDRESS				ET ADDRESS	100/23
CITY-ST-ZIP		<u> </u>	4.4 CITY		
TITLE		□ D£LF		1	Change Addition
NAME			5.2 NAME	i	
STREET ADDRESS			₽.	T ADDRESS	
CITY-ST-ZIP		T Drue	5.4 CITY	ST-ZIP	
TITLE		☐ DELF			Change Addition
NAME			6 2 NAME		300 003:50300 0 8 -98/23/35 - 01026 - 0 2 2
STREET ADDRESS				1 ADDRESS	***150.00
CITY-ST-ZIP)	6.4 CITY-	S1-ZIP	9 (10 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L

I hereby certify that the information supplied with this filling 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 of 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 charging or on an articipation of the receiver of the corporation or on an articipation of the receiver of the corporation of 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 charging the corporation of the receiver of the corporation of the corporation of the receiver of the r