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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1000

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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NAME

STREET ADDRESS CITY-ST-ZIP

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DIVISION OF CORPORATIONS

2a. Mailing Address

City & State

Zιρ

Suite, Apt. #, etc.

1990	
DOCUMENT # P9700032234 (1) 1. Corporation Name ATTORNEY'S PARALEGAL SERVICES, INC.	
Principal Place of Business	Mailing Address
1621 EAST LEJEUNE ROAD HIALEAH FL 33010	1621 EAST LEJEUNE ROAD HIALEAH FL 33010

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Country

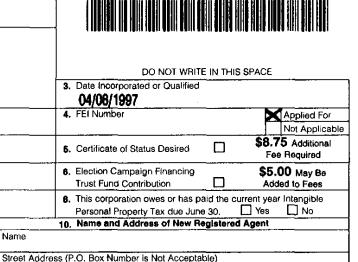
9. Name and Address of Current Registered Agent

25

DELAPAZ, ENRIQUE A 1621 EAST LEJEUNE ROAD

HIALEAH FL 33010

FILED Mar 24 1998 8:00am Secretary of State



63 Zio Code 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE DELAPAZ, ENRIQUE A NAME 12 NAME 1621 EAST LEJEUNE ROAD STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE Addition STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 THILE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP 0000024674**30** -03/25/98--01004--033 DELETE THEF 61 THEF

Country

R2

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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 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.

6.4 City - ST-7IP

6.2 NAME 6.3 STREET ADDRESS

***150.00