

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Kathie Jne Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90087 042 ***150.00

DOCUMENT # P97000035842
Corporation Name
MIAMI EXECUTIVE SERVICES, INC.

Place of Business Mailing Address
MIAMI CORPORATE SYSTEMS, INC. MIAMI CORPORATE
5200 BLUE LAGOON DR. STE 700 SYSTEMS, INC.
MIAMI, FL 33126 5200 BLUE LAGOON DR.
STE 700
MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	04/22/1997
City & State	City & State	4. FEI Number
Zip	Zip	65-0749518
Country	Country	Applied For
25	29	Not Applicable
26	27	5. Certificate of Status Desired
28	30	\$8.75 Additional Fee Required
		6. Election Campaign Financing
		Trust Fund Contribution
		7. This corporation owes the current year Intangible Personal Property Tax.
		Yes No

9. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DRIVE
SUITE 700
MIAMI, FL 33126

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	2. ADDRESS	1.1 TITLE	Change Addition
3. STREET ADDRESS		1.2 NAME	
4. CITY-ST-ZIP		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
5. NAME	6. ADDRESS	2.1 TITLE	Change Addition
7. STREET ADDRESS		2.2 NAME	
8. CITY-ST-ZIP		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
9. NAME	10. ADDRESS	3.1 TITLE	Change Addition
11. STREET ADDRESS		3.2 NAME	
12. CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
13. NAME	14. ADDRESS	4.1 TITLE	Change Addition
15. STREET ADDRESS		4.2 NAME	
16. CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
17. NAME	18. ADDRESS	5.1 TITLE	Change Addition
19. STREET ADDRESS		5.2 NAME	
20. CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
21. NAME	22. ADDRESS	6.1 TITLE	Change Addition
23. STREET ADDRESS		6.2 NAME	
24. CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/99

CR2E034 (11/98)