


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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000037263 (5) 1. Corporation Name MIRAMAR SERVICES, INC.			
Principal Place of Business 4597 NW 7TH STREET MIAMI FL 33126		Mailing Address 4597 NW 7TH STREET MIAMI FL 33126	
2. Principal Place of Business 21 1150 N.W. 72 AVE Suite, Apt. #, etc. 22 SUITE 407 City & State 23 MIAMI - FLORIDA Zip 24 33126 Country 25 USA		2a. Mailing Address 26 501 S.W. 54 AVE Suite, Apt. #, etc. 27 City & State 28 MARGATE - FLORIDA Zip 29 33068 Country 30 USA	
3. Date Incorporated or Qualified 04/25/1997		4. FEI Number 65-0749554	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent GUTIERREZ, JEANNETH C 4597 NW 7TH STREET MIAMI FL 33126		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip 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, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GUTIERREZ, JEANNETH C	1.2 NAME	
STREET ADDRESS	501 SW 54 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33068	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	GUTIERREZ, LUIS	2.2 NAME	
STREET ADDRESS	501 SW 54 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33068	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)

SIGNATURE:

Jeanneth C. Gutierrez

4-27-98

305-513-4051

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