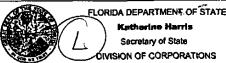
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT CORPORATION

ANNUAL REPORT 1999



FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90026 020 ***150.00

EPSILON PARALEGAL SERVICES, INC. Mailing Address Principal Place of Business 1825 PONCE DE LEON BOULEVARD 1825 PONCE DE LEON BOULEVARD SUITE 425 SUITE 425 DO NOT WRITE IN THIS SPACE **CORAL GABLES FL 33134 CORAL GABLES FL 33134** 3. Date incorporated or Qualifed 06/04/1997 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes the current year Intangible □No ☐ Yes 30 Personal Property Tax. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Name KHAMISSIAN, AMY Street Address (P.O. Box Number is Not Acceptable) 4865 PONOE DE LEON BOULEVAPO **SUITE 425** COTAL CASLES OF niadni, PL Zip Code 85 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 DATE Signature, typed or printed name of registered agent and title If applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition Change DELETE 11 THE πLE KHAMISSIAN, AMY 12 NAME NAME 1825 DONCE DE LEON BLAD OUTRE STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition - .- .- Change 2.1 TITLE TILE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CTTY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition □ Chance . DELETE 41 TITLE TIBE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZP Addition Change ☐ DELETE 5.1 TITLE TIME 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 62 NAME NAME STREET ADDRESS CITY-ST-ZIP

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 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 eath; 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 cha

SIGNATURE: