

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
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DOCUMENT # P97000068112 (6)
 1. Corporation Name
DADE CORPORATE SERVICES, INC.



Principal Place of Business 2300 CORAL WAY MIAMI FL 33145	Mailing Address 2300 CORAL WAY MIAMI FL 33145
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt. #, etc.		2a. Mailing Address 26 2300 CORAL WAY Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/06/1997	
22 SUITE # 103 City & State		27 SUITE # 103 City & State		4. FEI Number 65-0775788 Applied For <input type="checkbox"/> Not Applicable	
23 MIAMI FLORIDA Zip 24 33145 Country 25 US		28 MIAMI FLORIDA Zip 29 33145 Country 30 US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent WILLIAMS, VIVIAN 2300 CORAL WAY MIAMI FL 33145		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. Signature of Registered Agent <i>Vivian Williams</i> SIGNED: Vivian Williams DATE: 4/25/98 <small>(NOTE: Registered Agent signature required when reinstating)</small>	

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, VIVIAN	
STREET ADDRESS	2300 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAMS, VIVIAN	
1.3 STREET ADDRESS	2300 Coral Way Suite 103	
1.4 CITY-ST-ZIP	Miami, Florida 33145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	D, S	
2.2 NAME	ORTEGA, AILEEN	
2.3 STREET ADDRESS	2300 Coral Way Suite 111	
2.4 CITY-ST-ZIP	Miami, FL 33145	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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.

SIGNATURE: *Vivian Williams* **Vivian Williams** 4/25/98 (305)856-0056

CR2E034 (10/97)