

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

**PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

**DOCUMENT #** *997000676611*

**COVER ALL OF MIAMI INC.**



Principal Place of Business: **9810 MARLIN RD MIAMI FL 33189**  
 Mailing Address: **9810 MARLIN RD MIAMI FL 33189**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: *Sept 4, 1997.*  
 4. FEI Number: **65-0799128**  
 Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

2. Principal Place of Business: **9810 MARLIN RD MIAMI FL 33189**  
 2a. Mailing Address: **9810 MARLIN RD MIAMI FL 33189**  
 21. Suite, Apt. #, etc.:  
 22. City & State:  
 23. Zip: **33189** Country:  
 24. Zip: **33189** Country:

9. Name and Address of Current Registered Agent:  
**ROSALES RAMON A.**  
**9810 MARLIN RD**  
**MIAMI FL 33189**

10. Name and Address of New Registered Agent:  
 81. Name:  
 82. Street Address (P.O. Box Number is Not Acceptable):  
 83. City:  
 84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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. NOTE: Registered Agent's signature required when resigning.

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>PVST ROSALES, RAMON A</b>
STREET ADDRESS	<b>9810 MARLIN RD</b>
CITY-ST-ZIP	<b>MIAMI FL 33189</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D GOMEZ, JEFFRIN ADRIAN</b>
STREET ADDRESS	<b>12846 SW 17 ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33175</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	

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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 if my appointment with an address.