


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

0201342

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90029 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000086502					
1. Corporation Name GENERAL SERVICES GROUP, INC.					
Principal Place of Business 1235 SW 7TH STREET #1 MIAMI FL 33135			Mailing Address 1235 SW 7TH STREET #1 MIAMI FL 33135		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Same		2a. Mailing Address 26 1235 SW 7th St		3. Date Incorporated or Qualified 10/07/1997	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 # 801		4. FEI Number 65-0787993	
City & State 23 Same		City & State 28 Miami FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33126		Country 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SUAREZ, ERNESTO L 1235 SW 7TH STREET #1 MIAMI FL 33135			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5055 NW 7th St # 801 83 84 City Miami FL 85 Zip Code 33126		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	SUAREZ, ERNESTO L				
STREET ADDRESS	1235 SW 7TH STREET #1				
CITY-ST-ZIP	MIAMI FL 33135				
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					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PT. DSI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	SUAREZ, ERNESTO L				
1.3 STREET ADDRESS	1235 SW 7th St # 801				
1.4 CITY-ST-ZIP	Miami, FL 33126				
2.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	Hernandez Carlos A				
2.3 STREET ADDRESS	15969 NW 64 Ave # 114				
2.4 CITY-ST-ZIP	Miami FL 33018				
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/99 305 461 3878

CR2E034 (11/98)