

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000090719 (0)
 1. Corporation Name
DADE COUNTY EMPLOYMENT SERVICES, CORP.



Principal Place of Business 2228 NW 7TH ST. MIAMI FL 33125	Mailing Address 2228 NW 7TH ST. MIAMI FL 33125
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9745 SW 72 ST Suite, Apt. #, etc. 220 22 MIAMI FLORIDA 23 MIAMI FLORIDA 24 33173 25 USA		2a. Mailing Address 26 9745 SW 72 ST Suite, Apt. #, etc. 220 27 MIAMI FLORIDA 28 MIAMI FLORIDA 29 33173 30 USA		3. Date Incorporated or Qualified 10/20/1997	
4. FEI Number 65-0791303		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent DELGADO, LOIMIR C 2228 NW 7TH ST. MIAMI FL 33125		10. Name and Address of New Registered Agent 81 Name MARIA ELENA TORRES 82 Street Address (P.O. Box Number is Not Acceptable) 9745 SW 72 ST #220 83 84 City MIAMI FL 85 Zip Code 33173			

11. Pursuant to the provisions of Sections 607.0503 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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELGADO, LOIMIR C	1.2 NAME	MARIA ELENA TORRES
STREET ADDRESS	2228 NW 7TH ST.	1.3 STREET ADDRESS	9745 SW 72 ST #220
CITY-ST-ZIP	MIAMI FL 33125	1.4 CITY-ST-ZIP	MIAMI FLORIDA 33173
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE: *[Signature]*

CR2E034 (10/97)