

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

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	9745 SW 72 ST	26	9745 SW 72 ST
22	Suite, Apt. #, etc. 220	27	Suite, Apt. #, etc. 220
23	City & State MIAMI FLORIDA	28	City & State MIAMI FLORIDA
24	Zip 33173	29	Zip 33173
25	Country USA	30	Country USA

3. Date Incorporated or Qualified
10/20/1997

4. FEI Number **65-0791303**
 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

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)