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

FILED
Jun 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

DOCUMENT # **P97000102097 (7)**

1. Corporation Name
ASSOCIATED PROFESSIONAL SERVICES, INC.

Principal Place of Business	Mailing Address
10642 S.W. 129TH PLACE MIAMI FL 33186	10642 S.W. 129TH PLACE MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1997

4. FEI Number — [X] 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

KING, MARSHALL ESQ.
5975 SUNSET DRIVE, #301
S. MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name: MITRANI JOSE D.
82 Street Address (P.O. Box Number is Not Acceptable): 10642 S.W. 129 th. Place
83
84 City: Miami, FL 85 Zip Code: 33186

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: Jose' D. Mitrani [signature] — DATE: June 7, 1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

CR2E034 (10/97)

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	MITRANI, JOSE D	
STREET ADDRESS	10642 S.W. 129TH PLACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	[X] Change [X] Addition
1.2 NAME	MITRANI JAIME A.	
1.3 STREET ADDRESS	8925 COLLINS AVE # 4B	
1.4 CITY-ST-ZIP	SURFSIDE FL 33154	
2.1 TITLE	D	[ ] Change [X] Addition
2.2 NAME	MITRANI ESTHER M	
2.3 STREET ADDRESS	8925 COLLINS AVE # 4B	
2.4 CITY-ST-ZIP	SURFSIDE FL 33154	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 on an attachment with an address.

[signature] 6-11-98 (305) 22?-0211 ...