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May 13 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 # P97000105981 (9)

1. Corporation Name

NATIONAL CONTRACTING SOLUTIONS, INC.



Principal Place of Business

Mailing Address

3025 S.W. 105TH AVENUE
MIAMI FL 33165

3025 S.W. 105TH AVENUE
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 3876 SW 112 AVENUE

26 3876 SW 112 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 178

27 SUITE 178

City & State

City & State

23 MIAMI FLORIDA

28 MIAMI FLORIDA

Zip

Country

Zip

Country

24 33165

25 USA

29 33165

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PACHECI, ARTURO
3025 S.W. 105TH AVENUE
MIAMI FL 33165

81 Name

EDWIN D. BARCLAY

82 Street Address (P.O. Box Number is Not Acceptable)

3876 SW 112 AVENUE

83

SUITE 178

84

MIAMI

FL

85

Zip Code 33165

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]

EDWIN D. BARCLAY (DIRECTOR)

4/28/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVD
PACHECO, ARTURO
3025 S.W. 105TH AVENUE
MIAMI FL 33165

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DIRECTOR
EDWIN BARCLAY
3876 SW 112 AVENUE #178
MIAMI FLORIDA 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
[] Change [] Addition

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 [Signature]

CFR2034 (10/97)