


**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90235 042 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000107848**

1. Corporation Name  
**THE KING OF LABOR STAFFING SERVICES, INC.**



Principal Place of Business 1430 SW 1ST STREET SUITE 214 MIAMI FL 33130	Mailing Address 1430 SW 1ST STREET SUITE 214 MIAMI FL 33130
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/02/1998</b>	4. FEI Number 65-0801065	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

21. Principal Place of Business <b>10300 SW. 72ST.</b> Suite, Apt. #, etc.	22. Mailing Address <b>10300 SW 72 ST.</b> Suite, Apt. #, etc.
22. <b>SUITE # 465</b> City & State	27. <b>SUITE # 465</b> City & State
23. <b>MIAMI FL</b> Zip Country	28. <b>MIAMI FL</b> Zip Country
24. <b>33173 USA</b>	29. <b>33171 USA</b>

9. Name and Address of Current Registered Agent

**AMERILAWYER**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name  
**JARQUE FEDERICO**

82 Street Address (P.O. Box Number is Not Acceptable)  
**10300 SW 72 ST. SUITE # 465**

83

84 City  
**MIAMI**

85 Zip Code  
**FL 33173**

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: FEDERICO JARQUE DATE: 5/22/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARQUE, FEDERICO G	1.2 NAME	JARQUE, FEDERICO G.
STREET ADDRESS	1430 SW 1ST ST, STE 214	1.3 STREET ADDRESS	10300 SW 72 ST. SUITE # 465
CITY-ST-ZIP	MIAMI FL 33130	1.4 CITY-ST-ZIP	MIAMI FL 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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE: 4/22/99 (305) 270 3348

CR2E034 (1/198)