$05061999\hbox{-} 90235\hbox{-} 042\hbox{-} \$150.00\hbox{-} \$150.00$ 

**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P97000107848**

THE KING OF LABOR STAFFING SERVICES, INC.

		~ · ·						
Principal Place	e of Business	Mailing Address			1 (45)(00) (16 10)) (20)	8-11-1 8-11-1 EB-0	14) tm m dt 14.14. M	
1430 SW 1ST STREET		1430 SW 1ST STREET		i				
SUITE 214		SUITE 214		DO NO	T WOITE IN THIS (	PACE		
MIAMI FL 33130 MIAMI		MIAMI FL 33130	AMI FL 33130			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
(					1 "	·		
54 15		2a Mailing Address			01/02/1998 4: FEI Number		An	olied For
<b>⊢</b>	tace of Business	F			65-0801065			Applicable
	0 SW. 72ST.	26   10300 SW   Suite, Apt. #, etc.	12 ST.		03 0001005		\$8.75 A	
Suite, Apt. #. etc.  22 SUITE # 465		27 SUITE # 465		5. Certificate of Status Des	ired 🔲	Fee Re	-	
City & Stat		City & State			6. Election Campaign Fina	ncina —	\$5.00	May Be
23 MIAM		28 MIAMI FL			Trust Fund Contribution	* 11	Added to	•
Zip	Country	Zip	Count	iry	8. This corporation owas to	ne current year Inta	ngible	
24 3317	<del></del>	29	30	IISA	Personal Property Tax.			□No
241 3317	9. Name and Address of Curren			USA	10. Name and Address of	New Registered A	gent	
			1	Name				
AME	RILAWYER		-  -	12 Street	JARQUE FEDERICO Address (P.O. Box Number is Not A	(ccentable)		
343 ALMERIA AVENUE			l°	Suber /	10300 SW 72 ST. S	UTTE # 465		
COR	AL GABLES FL 33134		. [6	13	III NO DE 12 DE LE		_	
}			<u> </u>	_			85 Zip C	
ļ				City	WEANT	FL		173
11 Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	2.and 607.1508, Florida Stat	utes, the abo	ve-named	MIAMI corporation submits this statement.	for the purpose of c	hanging its	registered
office or n	egistered agent, or both, in the State	of Florida, Such change was	authorized b	by the corpo	oration's board of directors. I hereby	accept the appoin	tmentasreg ∕_	ustered
		A.) F	Harris Sidies	-	-	5/22/	99	~ .
SIGNATURE	Signature, typed or printed name of registered agen				equired when reinstating)	DATE /	<u> </u>	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES	TO OFFICERS AND		
TITLE	PSTD	☐ DELETE	1.1 1111	E	PSTD		Change	Addition
NAME	JARQUE, FEDERICO G		12 NAM	F .		_		
STREET ADDRESS				-	.fAROUE, FEDERICO	G.		
DIRECT AUGUSTO	1430 SW 1ST ST, STE 214		1.3 STR	ET ADDRESS	JARQUE, FEDERICO	G. WITE # 465		
CITY-ST-ZEP	1430 SW 1ST ST, STE 214 MIAMI FL 33130		1.3 STRE 1.4 C/TY	EET ADDRESS	10300 SW 72 ST. S	G. UITE # 465		
1		☐ DELETE		ET ADDRESS -ST-ZIP	JARQUE, FEDERICO 10300 SW 72 ST. S - MIAMI FL 33173	G. UITE # 465	☐ Change	Addition
CITY-ST-ZEP		DELETE	1.4 C/TY	EET ADDRESS -ST-ZIP	10300 SW 72 ST. S	G. UITE # 465	Change	Addition
CITY-ST-ZEP TITLE		☐ DELETE	1.4 CITY 2.1 TITLS 2.2 NAM	EET ADDRESS -ST-ZIP	10300 SW 72 ST. S	G. UITE # 465	☐ Change	☐ Addition
CITY-ST-ZEP TITLE NAME STREET ADDRESS		☐ DELETE	1.4 CITY 2.1 TITU 22 NAM 2.3 STRE	EET ADDRESS -ST-ZIP E	10300 SW 72 ST. S	G. UITE # 465		
CITY-ST-ZEP TITLE NAME		☐ DELETE	1.4 CITY 2.1 TITU 22 NAM 2.3 STRE	EET ADDRESS -ST-ZIP E E EET AODRESS (-ST-ZIP	10300 SW 72 ST. S	G. UITE # 465	☐ Change	Addition
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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, with all other like empowered.

SIGNATURE: \_

May 06, 1999 8:00 am Secretary of State

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