PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000039953

1. Corporation Name

MANAGERIAL & ADMINISTRATIVE SVCS., INC.

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90195 002 ***150.00



| Principal Place of Business Mailing Address | | | | | |
|--|---|--|-----------------------|---|---|
| • | STSTE.37B.PLAZA LAS AMERICAS | 4315 NW 7TH STSTE.37B.PLAZA LAS AMERICAS MIAMI FL 33126 | | MERICAS | |
| MIMMITE JOIL | | MICHAEL FE SUIZU | | | DO NOT WRITE IN THIS SPACE |
| | · | | | | 3. Date Incorporated or Qualifed |
| | • | | | | 04/30/1998 |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number 0 2 3 3 () Applied For |
| 21 | | 26 | | | 65-0833357 Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired Fee Required |
| City & State | | City & State | | · · · · · · · · · · · · · · · · · · · | 6. Election Campaign Financing S5.00 May Be |
| 23 | | 28 | | | Trust Fund Contribution Added to Fees |
| Zip Country | | Zip | | | 8. This corporation owes the current year Intangible |
| 24) 25 | | 29 30 | | | Personal Property Tax. ☐ Yes ☐ No |
| | 9. Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Registered Agent |
| | 0.001.1100 | | 81 | Name | |
| | O, ORLANDO | | 82 Street Addre | | Address (P.O. Box Number is Not Acceptable) |
| | 4 NW 11TH TERRACE | | 83 | | |
| MIAMI FL 33182 | | | | | `` |
| | | | 84 | City | FL 85 Zip Code |
| office or re | egistered agent, or both, in the State m familiar with, and accept the obligat | of Florida. Such change was autho tions of, Section 607.0505, Florida | orized by Statutes | the corpor | corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Age 12. OFFICERS AND DIRECTORS 13. | | | t signature red | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D . | DELETE | 1.1 TITLE | | Change Addition |
| NAME | REGO, ORLANDO | _ | 1.2 NAME | | |
| STREET ADDRESS | 13254 NW 11TH TERRACE | | 1,3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33182 | | 1.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 2.1 TITLE | | Change Addition |
| NAME | | | 2.2 NAME | | ļ |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | and the second | | 2. 4 CITY-ST-ZIP | | · |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | _ | | 3.2 NAME | | į |
| STREET ADDRESS | | | 3.3 STREET ADD | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | , | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | • | ☐ OELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | - | ļ | 5.3 STREET | - 1 | |
| CITY-ST-ZIP | | | 5.4 CITY-S | r-ZIP | ☐ Change ☐ Addition |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME . | | j | 6.2 NAME | | · |
| STREET ADDRESS | - He 1 4 4 6 8 5 | | 6.3 STREET | ADORESS | |

14. 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 of 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 or an attachment with an address, with all other tike empowered.

SIGNATURE: