

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90014 026 ***150.00

DOCUMENT # 98000057907

1. Corporation Name

S. I. PROFESSIONAL SERVICES, INC.

Principal Place of Business

NW 9TH ST. CIRCLE, APT 203
FL 33172

Mailing Address

10010 NW 9TH ST. CIRCLE, APT 203
MIAMI FL 33172



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1998

2. Principal Place of Business

21 7700 SW. 67TH TER.
Suite, Apt. #, etc.

2a. Mailing Address

26 7700 S.W. 67 Ter.
Suite, Apt. #, etc.

4. FEI Number

65-0872795

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 the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

IRIGOYEN, SONIA
10010 NW 9TH ST. CIRCLE, APT 203
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

ALBERTO JIMENEZ

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

7700 SW. 67TH TERR.

83

84 City

MIAMI

FL

85 Zip Code

33143

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] PRES

(NO E-Registered Agent signature required when reinstating)

DATE

3/10/99

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES.
SONIA IRIGOYEN
10010 NW 9TH ST. CIRCLE APT. 203
MIAMI, FL 33172

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PRES.
ALBERTO JIMENEZ
7700 SW. 67TH TERR.
MIAMI, FL 33143

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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, with all other like empowerments.

SIGNATURE: X

[Signature] ALBERTO JIMENEZ

Date

Daytime Phone #

3/10/99 305 772-4008

CR2E034 (11/98)