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Secretary of State

05-06-1999 90171 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000106463 1. Corporation Name KALADOR SERVICES, INC.			
Principal Place of Business 3450 FAIRFAX LANE DAVIE FL 33330		Mailing Address 3450 FAIRFAX LANE DAVIE FL 33330 808 NW 133 AVE PENROCK PINES FL 33028	
2. Principal Place of Business 21 808 NW 133 AVE Suite, Apt. #, etc. 22 Penrock Pines City & State 23 FL 33028 Zip Country		2a. Mailing Address 26 808 NW 133 AVE Suite, Apt. #, etc. 27 Penrock Pines Fl City & State 28 33028 Zip Country	
24 25		29 30	
9. Name and Address of Current Registered Agent FERRER, MIGUEL 3450 FAIRFAX LANE DAVIE FL 33330		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE PSTD <input checked="" type="checkbox"/> DELETE NAME FERRER, MIGUEL STREET ADDRESS 3450 FAIRFAX LANE CITY-ST-ZIP DAVIE FL 33330		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME FERRER, MIGUEL 1.3 STREET ADDRESS 3450 FAIRFAX LANE 1.4 CITY-ST-ZIP DAVIE FL 33330	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)