

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

FILED

Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S03667 (0)

1. Corporation Name
EXEMPTION & REFUND SERVICES, INC.

Principal Place of Business

% TOM ROSES
75 NW 32 AVE.
MIAMI FL 33125
US

Mailing Address

75 NE 32 AVENUE
MIAMI FL 33125
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1990

4. FEI Number

65-0220896

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 C/O Tom ROSES

22 2345 NE 197 ST

23 N.M.B. FL

24 33180 25 USA

2a. Mailing Address

26 C/O Tom ROSES

27 2345 NE 197 ST

28 N.M.B. FL

29 33180 30 USA

9. Name and Address of Current Registered Agent

ROSES, TOM
72 NW 32 AVENUE
SUITE 313
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name TOMAS A. ROSES

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

2345 NE 197 ST

83

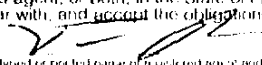
84 City NMB

FL

85 Zip Code 33180

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, typed or printed name of registered agent and title if applicable

Tomas A. ROSES

3-9-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ROSES, TOMAS
STREET ADDRESS 3553 MAGELLAN CIRCLE #313
CITY-ST-ZIP AVENTURA FL

☒ DELETE

TITLE DS
NAME ROSES, CARMEN
STREET ADDRESS 75 NW 32 AVE.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☐ Change ☐ Addition

1.2 NAME TOMAS A. ROSES

1.3 STREET ADDRESS 2345 N.E. 197 ST

1.4 CITY-ST-ZIP NMB FL 33180

2.1 TITLE DST ☐ Change ☐ Addition

2.2 NAME ROSES, CARMEN

2.3 STREET ADDRESS 550 S.W. 138 AVE "K" 414

2.4 CITY-ST-ZIP PALM BROKE PINES, FLA.

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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)(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.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRAS

3-9-98

305-986-9923

Date Daytime Phone # 0172493

CP2E034 (10/97)