

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

FILED

Mar 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S33875 (3)

1. Corporation Name  
COMPLETE SOLUTIONS, INC.



Principal Place of Business  
20411 S.W. 83RD AVENUE  
MIAMI FL 33189

Mailing Address  
20411 S.W. 83RD AVENUE  
MIAMI FL 33189-2809

3. Date Incorporated or Qualified 02/25/1991  
3a. Date of Last Report 08/08/1996

2. Principal Place of Business  
21 407 Lincoln Road

2a. Mailing Address  
26 407 Lincoln Road

4. FEI Number 65-0246196  
Applied For Not Applicable

22 Suite, Apt. #, etc  
2B

27 Suite, Apt. #, etc  
2B

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

23 City & State  
Miami Beach, FLA.

28 City & State  
Miami Beach, FLA.

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip  
33139

25 Country  
U.S.A.

29 Zip  
33139

30 Country  
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEBESA, JOSE A  
20411 S.W. 83RD AVENUE  
MIAMI FL 33189

81 Name Douglas D. Stratton, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)  
407 Lincoln Road - Suite 2B

83

84 City Miami Beach

FL

85 Zip Code 33139

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 for the corporation with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Douglas D. Stratton* DATE 2/25/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PVD <input checked="" type="checkbox"/> DELETE
NAME	DEBESA, JOSE AGUSTIN
STREET ADDRESS	20411 S.W. 83RD AVENUE
CITY - ST - ZIP	MIAMI FL 33189
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Debesa, Jose Agustin
1.3 STREET ADDRESS	20411 S.W. 83 Avenue
1.4 CITY - ST - ZIP	Miami, FLA. 33189
2.1 TITLE	Vice President, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Douglas D. Stratton
2.3 STREET ADDRESS	407 Lincoln Road - Suite 2B
2.4 CITY - ST - ZIP	Miami Beach, FLA. 33139
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: *JOSE AGUSTIN DEBESA*

2-18-97 305-274-2505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)