

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

FILED

Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **538040**
1. Corporation Name

ADMINISTRATION AND SERVICES USA INC.

Principal Place of Business 9940 SW 120 ST Miami FL 33176	Mailing Address P.O. Box 8272 Miami FL 33255
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3. Date Incorporated or Qualified 3-15-1991	3a. Date of Last Report 3-30-96
4. FEI Number 65-0254010	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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

Alberto Gonzalez
9940 SW 120 ST
Miami FL 33176

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, 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

NAME	TITLE	STREET ADDRESS	CITY-STATE-ZIP	DELETE
Gomez Acebo, Ignacio	President	9940 SW 120 ST	Miami, FL 33176	☐
Sartorius, Juan	Secretary	9940 SW 120 ST	Miami FL 33176	☐
Gonzalez, Alberto	Treasurer & Acting Secretary	9940 SW 120 ST	Miami FL 33176	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	15 DELETE
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-STATE-ZIP	25 DELETE
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP	35 DELETE
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP	45 DELETE
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP	55 DELETE
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-STATE-ZIP	65 DELETE

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*****165.00**

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 included 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 on the back of the report or on an attachment with an address.

SIGNATURE: **Alberto Gonzalez** **Feb 17-97** **(305) 255-6244**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (9/96)