

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

AMENDED

CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE
Sandra Northrup
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 81634
1. Corporation Name

FELIMON SERVICES, CORPORATION

Principal Place of Business

Mailing Address

4179 NW 167TH ST
MIAMI, FLA. 33055

4179 NW 167TH ST
MIAMI, FLA. 33055

3. Date Incorporated or Qualified
09/20/91

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALDEZ FELIMON
4179 NW 167th ST.
MIAMI, FLA. 33055

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME VALDEZ FELIMON
STREET ADDRESS 4179 NW 167th St.
CITY-ST-ZIP Miami, Fla. 33055

1.1 TITLE PD
1.2 NAME ALEXANDRA VALDEZ
1.3 STREET ADDRESS 4179 NW 167th St.
1.4 CITY-ST-ZIP Miami, Fla. 33055

TITLE T
NAME ALEXANDRA VALDEZ
STREET ADDRESS 4179 NW 167th St.
CITY-ST-ZIP Miami, Fla. 33055

2.1 TITLE T
2.2 NAME FELIMON VALDEZ
2.3 STREET ADDRESS 4179 NW 167th St.
2.4 CITY-ST-ZIP Miami, Fla. 33055

TITLE S
NAME SANDRA VALDEZ
STREET ADDRESS 4179 NW 167th St.
CITY-ST-ZIP Miami, Fla. 33055

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 600002328676-2
3.4 CITY-ST-ZIP -10/24/97-01004-014
*****61.25 *****61.25

TITLE VPO
NAME ARIANA VALDEZ
STREET ADDRESS 4179 NW 167th St.
CITY-ST-ZIP Miami, Fla. 33055

4.1 TITLE VPO
4.2 NAME ROSSY VALDEZ
4.3 STREET ADDRESS 4179 NW 167th St.
4.4 CITY-ST-ZIP Miami, Fla. 33055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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: ALEXANDRA VALDEZ PRESIDENT 305-621-7709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

REGISTER OCT 23 1997

FILED
97 OCT 22 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR-2034 (9/96)