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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V39967 (7)

1. Corporation Name
ALL AMERICA SERVICES, INC.



Principal Place of Business

7227 NW 32ND ST
B-207
MIAMI FL 33122
US

Mailing Address

7227 NW 32ND ST
B-207
MIAMI FL 33122-1217
US

3. Date Incorporated or Qualified
06/01/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 6926 N.W. 46th STREET

2a. Mailing Address

26 6926 N.W. 46th STREET

4. FEI Number

65-0341099

Applied For

Not Applicable

Suite, Apt. #, etc.

22 N/A

Suite, Apt. #, etc.

27 N/A

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 MIAMI, FLORIDA

City & State

28 MIAMI, FLORIDA

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

Zip

24 33166

Country

25 USA

Zip

29 33166

Country

30 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

AYERICH, ADRIAN E
7227 NW 32ND ST
B-207
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name AYERICH, ADRIAN E.

82 Street Address (P.O. Box Number is Not Acceptable)
6926 N.W. 46th STREET

83

84 City MIAMI

FL

85 Zip Code 33166

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AYERICH, ADRIAN J	
STREET ADDRESS	7227 NW 32ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	AYERICH, ADRIAN E	
STREET ADDRESS	7227 NW 32ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	AYERICH, DANIEL S	
STREET ADDRESS	7227 NW 32ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SKYERS, WESLEY A	
STREET ADDRESS	7227 NW 32ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RUEDA, FRED	
STREET ADDRESS	7227 NW 32ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AYERICH, ADRIAN, JR	
1.3 STREET ADDRESS	6926 N.W. 46th STREET	
1.4 CITY-ST-ZIP	MIAMI, FL., 33166	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AYERICH, ADRIAN E.	
2.3 STREET ADDRESS	6926 N.W. 46th STREET	
2.4 CITY-ST-ZIP	MIAMI, FL., 33166	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AYERICH, DANIEL S.	
3.3 STREET ADDRESS	6926 N.W. 46th STREET	
3.4 CITY-ST-ZIP	MIAMI, FL., 33166	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DELETE	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RUEDA, FRED	
5.3 STREET ADDRESS	6926 N.W. 46th STREET	
5.4 CITY-ST-ZIP	MIAMI, FL., 33166	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADRIAN AYMERICH, JR. 04/21/97 (305)592-9506

Date

Daytime Phone #

CR2E034 (9/96)