

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90031 050 \*\*\*150.00

DOCUMENT # V39967

1. Corporation Name

ALL AMERICA SERVICES, INC.

Principal Place of Business

6926 NW 46TH ST  
~~6926~~  
MIAMI FL 33166  
US

Mailing Address

6926 NW 46TH ST  
~~6926~~  
MIAMI FL 33166  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1992

4. FEI Number

65-0341099

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6926 N.W. 46th STREET

Suite, Apt. #, etc.

22 City & State

23 MIAMI, FLORIDA

24 Zip

33166

Country

25 DADE

2a. Mailing Address

26 6926 N.W. 46th STREET

Suite, Apt. #, etc.

27 City & State

28 MIAMI, FLORIDA

29 Zip

33166

Country

30 DADE

9. Name and Address of Current Registered Agent

AYMERICH, ADRIAN E  
6926 NW 46TH ST  
MIAMI FL 33166

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 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 ☐ DELETE

NAME AYMERICH, ADRIAN J

STREET ADDRESS 6926 NW 46TH ST

CITY-ST-ZIP MIAMI FL

TITLE VPD ☐ DELETE

NAME AYMERICH, ADRIAN E

STREET ADDRESS 6926 NW 46TH ST

CITY-ST-ZIP MIAMI FL

TITLE STD ☐ DELETE

NAME AYMERICH, DANIEL S

STREET ADDRESS 6926 NW 46TH ST

CITY-ST-ZIP MIAMI FL

TITLE VP ☐ DELETE

NAME RUEDA, FRED

STREET ADDRESS 6926 NW 46TH ST

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

ADRIAN SAYMERICH, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR. 15/99 (305) 592-9506

Date

Daytime Phone #

CR2E034 (1/98)