

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

**FILED**

**May 01 1998 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1998**



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

**DOCUMENT # V62989 (1)**  
1. Corporation Name  
**A-1 MULTIPLE SERVICES, INC.**



Principal Place of Business Mailing Address  
**13899 BISCAYNE BLVD. NO MORE** **13899 BISCAYNE BLVD. NO MORE.**  
**STE. 130** **STE. 130**  
**NORTH MIAMI BEACH FL 33181** **NORTH MIAMI BEACH FL 33181**  
**US** **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
**21 7885 W 10 AVE.** **26 7885 W 10 AVE.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22 HOUSE** **27 HOUSE**  
City & State City & State  
**23 Hialeah, FL** **28 Hialeah, FL**  
Zip Country Zip Country  
**24 33014** **25 U.S.A.** **29 33014** **30 U.S.A.**

3. Date Incorporated or Qualified  
**09/10/1992**  
4. FEI Number **65-0353884** 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**MOTADUVAL, AGUSTIN O** **81 Name**  
**13899 BISCAYNE BLVD.** **82 Street Address (P.O. Box Number is Not Acceptable)**  
**STE. 130** **83**  
**NORTH MIAMI BEACH FL 33181** **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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOTADUVAL, AGUSTIN</b>	1.2 NAME	
STREET ADDRESS	<b>13899 BISCAYNE BLVD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33181</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE \_\_\_\_\_ DATE **4/21/98** (305) 891-9894

CR2E034 (10/97)