

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

FILED
Jun 17, 1999 8:00 am
Secretary of State

06-17-1999 90002 020 ***150.00
 07-26-1999 90007 019 ***408.75

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # M72417 (2)
 1. Corporation Name
HOME SERVICES, INC.



Principal Place of Business Mailing Address

Home Services Inc
1515 NE 138 St
N Miami FL 33161

Home Services Inc
1515 NE 138 St
N Miami FL 33161

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

1 **1515 NE 138 STREET** 2b **1515 NE 138 STREET**

Suite, Apt. #, etc.

3. City & State 28. City & State

4 **NORTH MIAMI FL** 28 **NORTH MIAMI FL**

5. Zip 29. Zip

41 **33161** 29 **33161**

6. Country 30. Country

42 **DADE** 30 **DADE**

3. Date Incorporated or Qualified
03/11/1989

4. FEI Number
65-0032020

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

OLIVERAS, CARLOS
1515 NE 138 St
N Miami FL 33161

10. Name and Address of New Registered Agent

81 Name **CARLOS OLIVERAS**

82 Street Address (P.O. Box Number is Not Acceptable)
1515 NE 138 STREET

84 City **NORTH MIAMI FL** 85 Zip Code **33161**

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]* (NOTE: Registered Agent signature required when reappointing) Date

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	OLIVERAS, CARLOS	
STREET ADDRESS	1515 NE 138 ST	
CITY- ST- ZIP	N Miami FL 33161	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D.P.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1515 NE 138 STREET	
1.4 CITY- ST- ZIP	NORTH MIAMI, FL 33161	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* 6/10/99 3059491827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (1/99)