

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90007 008 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000060440

CE SERVICES, INC.



Principal Place of Business: 701 BRICKELL AVE., SUITE 1270, MIAMI FL 33131
 Mailing Address: 701 BRICKELL AVE., SUITE 1270, MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 26
 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 25, Country: 29

3. Date Incorporated or Qualified: 07/01/1998
 4. FEI Number: 65-0861507
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent

HELLER, LAWRENCE R
 2 S. BISCAYNE BLVD., SUITE 1570
 MIAMI FL 33131

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

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.

NATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ST-ADDRESS ST-ZIP	S AMENG-TORRES, LAZARA 701 BRICKELL AVE., SUITE 2620 MIAMI FL 33131 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ADDRESS ST-ZIP	PD LANGEN, HANS DE 701 BRICKELL AVE., SUITE 1270 MIAMI FL 33131 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	President - Director Biojone, Gilberto 701 Brickell Ave., Suite 1270 Miami, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST-ADDRESS ST-ZIP	VPD ROSE, STOWE 701 BRICKELL AVE., SUITE 1270 MIAMI FL 33131 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lazara Ameng-Torres, Secretary **August 26, 1999 (305)577-8414**

CR2E034 (5/99)