Applied For

Not Applicable

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90049 020 \*\*\*150.00

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С	OCUMENT	#	173591
1	Cornoration Name		E. 000 i

PRS INTERNATIONAL REAL ESTATE SERVICES, INC.

Principal Place of Business 701 BRICKELL AVE., STE 850 **MIAMI FL 33131** 

2. Principa Place of Business

21

Mailing Address

2a. Mailing Address

26

701 BRICKELL AVE., STE 850 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date ir corporated or Qualifed

05/17/1990 4. FEI Number

65-0199570

\$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Recuired 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SULLIVAN, JOHN Street Acdress (P.O. Box Number is Not Acceptable) 82 701 BRICKELL AVE., STE 850 MIAMI FL 33131 83 85 Zip Code 84 City 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 bolh, in the State of Florida. Such change was authorized by the corporation's board of circctors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed na ne of registered agent and title if applicable (NOT:: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE Change ☐ Addition 11 TITLE TITLE RODRIGUEZ-FRAILE, GONZALO 1.2 NAME NAME 701 BRICKELL AVE., STE 850 1.3 STREET ADDRESS STREET ADDRE 3S **MIAMI FL 33131** 1 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE **ESPERANZA PRETUS** 2.2 NAME NAME 701 BRICKELL AVE., STE 850 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33131** 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY- ST- ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 61 TITLE TITI F 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZJP 14. I hereb / 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 or derivation 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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2-26-99

(305) 381-8340

CR2E034 (11/98)