

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

FILED
May 07 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 # 797000061138
1. Corporation Name
PROFESSIONAL CONSTRUCTION ESTIMATES, INC.

Principal Place of Business Mailing Address
**1700 SEGOVIA ST.
CORAL GABLES, FL 33134 (SAME)**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
JULY 14, 1997

4. FEI Number
65-0770231

Applied For
 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **1700 SEGOVIA ST.** 26
Suite, Apt #, etc. Suite, Apt #, etc.
22 _____ 27
City & State City & State
23 **CORAL GABLES, FL** 28 **(SEE OVER)**
Zip Country Zip Country
24 **33134** 25 **U.S.A.** 29

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 (has paid) the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**CESAR CASTELLA
1700 SEGOVIA ST.
CORAL GABLES, FL 33134**

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 607.05, 607.02 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: Castella **CESAR CASTELLA, PRESIDENT** **APRIL 28, 1998**

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR & PRESIDENT <input type="checkbox"/> DELETE
NAME	CESAR CASTELLA
STREET ADDRESS	1700 SEGOVIA ST.
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DIRECTOR - SECRETARY/TREASURER <input type="checkbox"/> DELETE
NAME	CELIA G. CASTELLA
STREET ADDRESS	1700 SEGOVIA ST.
CITY-ST-ZIP	CORAL GABLES, FL 33134
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	600002521286
63 STREET ADDRESS	-05/13/98--01007--023
64 CITY-ST-ZIP	***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual reports, 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 officer 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: Castella **CESAR CASTELLA, PRESIDENT** **4/28/98** **(305) 567-9698**

CR2E034 (10/97)