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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 249266

1. Corporation Name
P & S APARTMENTS INC



DO NOT WRITE IN THIS SPACE

Principal Place of Business: GONZALEZ, REBECA E
 410 EUCLID AVENUE #10
 MIAMI BEACH FL 33139
 US

Mailing Address: GONZALEZ, REBECA E
 410 EUCLID AVENUE # 10
 MIAMI BEACH FL 33139
 US

3. Date Incorporated or Qualified
01/01/1962

2. Principal Place of Business
 21 REBECA E. GONZALEZ
 Suite, Apt. #, etc.
 22 410 Euclid Ave. #10

2a. Mailing Address
 26 REBECA E. GONZALEZ
 Suite, Apt. #, etc.
 27 410 Euclid Ave. #10

4. FEI Number
59-0997654

Applied For
 Not Applicable

23 Miami Beach, Fl.
 City & State

28 Miami Beach, Fl.
 City & State

5. Certificate of Status Desired **\$8.75** Additional Fee Required

24 33139 25 USA
 Zip Country

29 33139 30 USA
 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent
GONZALEZ, REBECA
410 EUCLID AVE
APT. 10
MIAMI BEACH FL 33139

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	GONZALEZ, REBECA	1.2 NAME	PEREZ, RAFAEL
STREET ADDRESS	410 EUCLID AVENUE #5	1.3 STREET ADDRESS	410 Euclid Ave. #5
CITY-ST-ZIP	MIAMI BCH FL 33139	1.4 CITY-ST-ZIP	Miami Beach, Fl. 33139
TITLE	VP	2.1 TITLE	VP
NAME	MESA, OSCAR	2.2 NAME	ISAAC BENJAMIN
STREET ADDRESS	410 EUCLID AVENUE #11	2.3 STREET ADDRESS	410 Euclid Avd #2
CITY-ST-ZIP	MIAMI BCH FL 33139	2.4 CITY-ST-ZIP	Miami Beach, Fl. 33139
TITLE	T / S	3.1 TITLE	
NAME	GONZALEZ, REBECCA	3.2 NAME	
STREET ADDRESS	1950 SW 121 COURT APT. 247	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE: *Rebeca E. Gonzalez* **Rebeca E. Gonzalez** 4-22-98 305-220-7074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 305-672-0189

CR2E034 (11/98)