

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90146 031 ***150.00

DOCUMENT # 249266

1. Corporation Name
P & S APARTMENTS INC

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1962

4. FEI Number

59-0997654

Applied For

Not Applicable

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 REBECA E. GONZALEZ

2a. Mailing Address

26 REBECA E. GONZALEZ

Suite, Apt. #, etc.

22 410 Euclid Ave. #10

Suite, Apt. #, etc.

27 410 Euclid Ave. #10

City & State

23 Miami Beach, Fl.

City & State

28 Miami Beach, Fl.

Zip

24 33139

Country

25 USA

Zip

29 33139

Country

30 USA

9. Name and Address of Current Registered Agent

GONZALEZ, REBECA
410 EUCLID AVE
APT. 10
MIAMI BEACH FL 33139

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GONZALEZ, REBECA
STREET ADDRESS 410 EUCLID AVENUE #5
CITY-ST-ZIP MIAMI BCH FL 33139 ☒ DELETE

TITLE VP
NAME MESA, OSCAR
STREET ADDRESS 410 EUCLID AVENUE #11
CITY-ST-ZIP MIAMI BCH FL 33139 ☒ DELETE

TITLE T / S
NAME GONZALEZ, REBECCA
STREET ADDRESS 1950 SW 121 COURT APT. 247
CITY-ST-ZIP MIAMI FL 33175 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P- ☐ Change ☒ Addition
1.2 NAME PEREZ, RAFAEL
1.3 STREET ADDRESS 410 Euclid Ave. #5
1.4 CITY-ST-ZIP Miami Beach, Fl. 33139

2.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME ISAAC BENJAMIN
2.3 STREET ADDRESS 410 Euclid Ave #2
2.4 CITY-ST-ZIP Miami Beach, Fl. 33139

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Rebecca E. Gonzalez* REBECA E. Gonzalez

4-22-98

Date

305-220-7074

305-672-0189

Daytime Phone #

CR2E034 (11/98)