DOCUMENT # 249266 1. Entity Name P & S APARTMENTS INC				FILED Apr 28, 2001 8:00 am Secretary of State 04-28-2001 90059 022 ***150.00
Principal Place of Business REBECA E. GONZALEZ 410 EUCLID AVENUE #10 MIAMI BEACH FL 33139 US	Mailing Address REBECA E. GONZALEZ 410 EUCLID AVENUE #10 MIAMI BEACH FL 33139 US			
2. Principal Place of Business	3. Mailing Address	<u> </u>		
USCAY Mesa Suite, Apt. #, etc.	Suite, Apt. #, etc.	sa lu		DO NOT WRITE IN THIS SPACE
<u>+10 Euclid Ave. Apt. 11</u> City & State	City & State	<u>Ave. Ap</u>		. FEI Number 59-0997654 Applied For
Miami Beach	Miami Bea	L Ch Country		Not Applicable
33/39 Dade 6. Name and Address of Current F	33139	Dale		Certificate of Status Desired Gere Required Fee Required
GONZALEZ, REBECA 410 EUCLID AVE APT. 10 MIAMI BEACH FL 33139		410	<u>Car</u> ^{ddress (P.O. <u>Euc</u> iami}	Box Number is Not Acceptable),
 8. The above named entity submits this statement for SIGNATURE OSCAY Mesa Signature, typed or printed name of registered agent at 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 	nd title if applicable. (NOTE FILE NOW! After MAY 1, 200	Pegistered Agent signa I! FEE IS \$150. D1 Fee will be \$	ure required when 00 550.00	era, 4-23-01
(See Chiena on back)	Make Check Payab	12.		DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
ITTLE P PEREZ, RAFAEL STREET ADDRESS 410 EUCLID AVE. #5 MIAMI BCH FL 33139	Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	P Isaac 4/0 E Mian	E Benjamin c Benjamin uclid Ave. Abt. 2 ni Beach, FL 33139 □ Change ■ Addition
ITLE VP AME BENJAMIN, ISAAC 410 EUCLID AVE. #2 -MIAMI, BCH.FL-33139-	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V	Mesa uclid Ave. Apt. 11 ni Beach; FL. 33139
ITLE T AME GONZALEZ, REBECCA TREET ADDRESS 1950 SW 121 COURT APT. 247 MIAMI FL 33175	1999 Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5 Rafae	Pérez uclid Ave. Apt. 5 ni Beach, FL 33139
TLE AME TREET ADDRESS TYY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change 🗍 Addition
TLE IMME REET ADDRESS TY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
 indicated on this report or supplemental report is t 	rue and accurate and that m vered to execute this report a	y signature shall h is required by Cha	ave the same pter 607, Flo	the 119.07(3)(i), Florida Statutes. I further certify that the information e legal effect as if made under oath; that I am an officer or director wida Statutes; and that my name appears in Block 11 or Block 12 if esa 4-23-01=305-672-0987