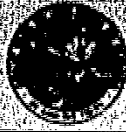


**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra S. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 MAR 24 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **452234**

1. Corporation Name

**PROPERTY MANAGEMENT SERVICES CORP.**

Principal Place of Business <b>8299 CORAL WAY MIAMI, FL 33155</b>	Mailing Address <b>8299 CORAL WAY MIAMI, FL. 33155</b>
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/09/74</b>	3a. Date of Last Report <b>4/28/94</b>
21	26	4. FEI Number <b>59-2359526</b>		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		25		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>JULIO GONZALEZ-PORTUONDO 8299 CORAL WAY MIAMI, FL 33155</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				<b>FL</b>		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 (SEE Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P GONZALEZ-PORTUONDO, JULIO 8770 S.W. 97 TERR MIAMI, FL.</b>	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP GONZALEZ-PORTUONDO, FRANCINE 8770 SW 97 TERR MIAMI, FL.</b>	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D URIBASTERRA, ANA 2027 SW 103 CT MIAMI, FL.</b>	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D RAMOS, GABRIEL 5673 S.W. 149 AVE MIAMI, FL.</b>	51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D UBILLA, SERGIO 11600 SW 112 AVE RD MIAMI, FL.</b>	61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**500001439795**  
**-03/27/95--01002--013**  
**\*\*\*\*200.00 \*\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(a), 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 (changed) or in an attachment with my address.

SIGNATURE: *Julio Gonzalez Portuondo*  
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra G. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **457443** (0)

1. Corporation Name  
**CHIN & SMM ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**1694 N.E. MIAMI GARDENS DR.  
SKYLAKE MALL SHOPPING CENTER  
NORTH MIAMI BCH FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/19/1974** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address  
21 State, Apt. #, etc. 26 State, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country 30

4. FEI Number **59-1774283** 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 has liability for intangible tax under § 198.05,  
Florida Statutes.  Yes  No

9. Name and Address of Current Registered Agent  
**COSTANZO, SARINO R  
330 N BISCAYNE BLVD, STE 500  
MIAMI, FL  
33132**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 \_\_\_\_\_  
Secretary (based on printed name of registered agent and the Corporation) (If FEI Registered Agent signature required, see instructions)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>CHIN, WELLESLEY</b>
STREET ADDRESS	<b>485 NE 143RD ST</b>
CITY-ST-ZIP	<b>N MIAMI, FL 00000</b>
TITLE	<b>SD</b>
NAME	<b>KOON YAU CHIN</b>
STREET ADDRESS	<b>14320 NE 5TH AVE</b>
CITY-ST-ZIP	<b>N MIAMI, FL 00000</b>
TITLE	<b>ST</b>
NAME	<b>COSTANZO, SARINO R (ASST)</b>
STREET ADDRESS	<b>330 BISCAYNE BLVD N</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>
TITLE	<b>DT</b>
NAME	<b>CHIN, CHRISTOPHER</b>
STREET ADDRESS	<b>14320 NE 5TH AVE</b>
CITY-ST-ZIP	<b>N MIAMI, FL 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	

**400001437094**  
**-03/22/95--01107--016**  
**\*\*\*\*200.00 \*\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 310.02(1)(b), 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, changed, or on an attachment with an address.

SIGNATURE: *Wellesley Chin*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

3-15-95- 945-9950  
3-21-95