SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED AND FILED

94 AUG 11 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 489826 (8)

1. Corporation Name
PROFESSIONAL BUSINESS ENTERPRISES, INC.

Mailing Address
~~%NESTOR MORALES~~ CARMEN GONZALEZ
~~C/O MARCIA B. CABALLERO~~ 1630 N.W. 17TH AVE
~~MIAMI FL 33175~~ MIAMI FL. 33125
~~US~~

Principal Place of Business
~~%NESTOR MORALES~~ CARMEN GONZALEZ
~~C/O MARCIA B. CABALLERO~~ 1630 N.W 17TH AVE
~~MIAMI FL 33175~~ MIAMI FL 33125
~~US~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1975	3a. Date of Last Report: 05/01/1993
4. FEI Number: 59-1696841	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Mailing Address (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Principal Place of Business (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

JOSE L GONZALEZ
1630 N W 17TH AVE
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name: SAME
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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when applicable) (Date)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	V/P	
12 NAME	GONZALEZ, JR., JOSE L.	
13 STREET ADDRESS	1630 NW 17TH AVE	
14 CITY - ST - ZIP	MIAMI FL	
21 TITLE	T/D PRESIDENT	
22 NAME	GONZALEZ, CARMEN	
23 STREET ADDRESS	1630 N.W. 17TH AVE.	
24 CITY - ST - ZIP	MIAMI FL	
31 TITLE	S	
32 NAME	GONZALEZ, CARMEN	
33 STREET ADDRESS	1630 N.W. 17TH AVE.	
34 CITY - ST - ZIP	MIAMI FL	
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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(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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carmen Gonzalez 8/5/94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)