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		sonnel A	gency, Inc.		_		
Principal Place of Business Mailing Address							
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Suite 501					00057322		
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Zip -		Country		Country ' -		\$8.75 Additional	
	1	,	· '		5. Certificate of Status Desired	Fee Required	
	6. Name and	Address of Curren	t Registered Agent		7. Name and Address of New Reg	gistered Agent	
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				Ci A Addres	(DO Bay Number in Not Appentable		
Susan 1	Levin-G	Fringauz		Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
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		, FL 330	71 ·				
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information indicated on this report or supplemental 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 o execute this report as required by Chapter 607, Florida Statutes; and that my name appears n address, v∌ith all other like empowered.

SIGN	ΙΔΙΙ	IRF.

Alvin Perkel SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (212) 532-1300

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