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

PROFIT " CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

**DOCUMENT # F73782** 

**FILED** May 18 1998 8:00am Secretary of State

PAM'S INTERNATIONAL NURSES TUTORING AND PLACEMEN T BUREAU, INC. Principal Place of Business Mailing Address 8217 BISCAYNE BLVD. 8217 BISCAYNE BLVD. MIAMI FL 33138 MIAMI FL 33138 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/26/1982 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-2142616 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. □ No 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ALLEN, HILDA B. 941 NE 83RD ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33138** 83 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, typed or printed namerof registered agent and little if applicable (NOTF, Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 PD Green, Pamela DELETE Change TITLE 1 1 TIFLE GREEN, PAMELA A. 1.2 NaME 8211 Biscayne Blod, Miami Fla, 33138 NAME 41760 N.W. 112TH TERRACE 1.3 STREET ADDRESS STREET ADDRESS <del>-coral sprin</del>gs f[ 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE VST 2.1 TELE ALLEN, HILDA B. 2.2 N/.ME NAME 941 N.E. 83RD STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2.4 C:TY-ST-ZIP CITY-ST-ZIP TITLE DELETE 31 TIPLE Change Addition ALLEN, HILDA B. NAME 32 NAME 941 N.E. 83RD STREET STREET ADDRESS 3 3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 41 THLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 7IP 4.4 CE Y+ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS 64 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, gr on an attachment with a reducers.

SIGNATURE:

Hilda Allew Date