06231999-90006-035-$158.75-$158.75

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Jun 23, 1999 8:00 am
Secretary of State

06-23-1999 90006 035 ***158.75
07-13-1999 90002 036 ***400.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001813

1. Corporation Name

Professional Assistance & Consulting of N.Y., Inc.

* 586808 - 90002 - 36 *

Principal Place of Business	Mailing Address
5001 SW 74th Ct. Suite 200 Miami, FL 33155	5001 SW 74th Ct. Suite 200 Miami, FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1996

2. Principal Place of Business	2a. Mailing Address
21 2 World Trade Center	26 Same as 2
Suite, Apt. #, etc. 22 1834	Suite, Apt. #, etc. 27
City & State 23 New York, NY	City & State 28
Zip / Country 24 10048 25 USA	Zip / Country 29 30

4. FEI Number: 11-3113623 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HQ Miami 801 Brickell Ave., Ste. 900 Miami, FL 33131	81 Name: Frank Otero 82 Street Address (P.O. Box Number is Not Acceptable): 5001 SW 74th Ct. 83 Suite 200 84 City: Miami FL 85 Zip Code: 33155

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: Frank Otero — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President & CEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Frank Otero		1.2 NAME		
STREET ADDRESS	1717 N. Bayshore Dr., #3240		1.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33132		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Otero — (305)666-3456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #