

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

FILED

Feb 25 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000002308 (2)**

1. Corporation Name  
**PSC SERVICES OF FLORIDA, INC.**



Principal Place of Business <b>550 BILTMORE WAY, 10TH FL CORAL GABLES FL 33134</b>	Mailing Address <b>550 BILTMORE WAY, 10TH FL CORAL GABLES FL 33134-5730</b>
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3. Date Incorporated or Qualified <b>05/08/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>1500 SAN REMO AVE</b> Suite, Apt. #, etc. 22 <b>3RD FLOOR</b> City & State 23 <b>CORAL GABLES FL</b> Zip 24 <b>33146</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>1500 SAN REMO AVE</b> Suite, Apt. #, etc. 27 <b>3RD FLOOR</b> City & State 28 <b>CORAL GABLES FL</b> Zip 29 <b>33146</b> Country 30 <b>USA</b>
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4. FEI Number <b>APPLIED FOR 65-0665564</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKER, DAVID R</b>	1.2 NAME	
STREET ADDRESS	<b>550 BILTMORE WAY, 10TH FL</b>	1.3 STREET ADDRESS	<b>930 CASTILE AVE</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	1.4 CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVANS, WILLIAM</b>	2.2 NAME	
STREET ADDRESS	<b>550 BILTMORE WAY, 10TH FL</b>	2.3 STREET ADDRESS	<b>3824 EL PRADO BLVD</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	2.4 CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUEVEDO, PAUL G</b>	3.2 NAME	<b>GARCIA DE QUEVEDO, PAUL</b>
STREET ADDRESS	<b>550 BILTMORE WAY, 10TH FL</b>	3.3 STREET ADDRESS	<b>5810 SW 91 AVE</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	3.4 CITY-ST-ZIP	<b>MIAMI FL 33173</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  **305-740-1000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)