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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F9600002308 (2)

FILED May 11 1998 8:00am Secretary of State

PSC SERVICES OF FLORID	DA, INC.			
Principal Place of Business	Mailing Address			89(18 11888 (1))(B8(#f 481) (#88)
1500 SAN REMO AVE	1500 SAN REMO AVE			
3RD FLOOR CORAL GABLES FL 33146	3RD FLOOR CORAL GABLES FL 331/	AC.	DO NOT WRITE IN TH	IG GDACE
US	US US	40	3. Date Incorporated or Qualified	10 or AUL
			05/08/1996	
2. Principal Place of Business	2a. Maiting Address		4. FEI Number	Applied For
21	[26]		65-0665564	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28	Country	Trust Fund Contribution 8. This corporation owes or has paid the	Added to Fees
24 25	29	30	Personal Property Tax due June 30.	Yes No
	of Current Registered Agent		10. Name and Address of New Register	od Agent
C T CORPORATION SYSTE	EM	81 Name		
1200 SO UTH PINE ISLAND ROAD		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324				
		83		
		84 City		85 Zip Code
11. Pureuant to the provisions of Sections	c 607 0502 and 607 1508. Florida Statut	les the above named core		L 63 Zip Code
office or registered agent, or both, in	the State of Florida. Such change was	authorized by the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
	the obligations of, Section 607.0505, FI	onda Sialutes.		
SIGNATURE Signature: typed or prefed name of n	polered agent and life if applicable (NO)	E Registered Agont signature requi	red when reinstating) DATE	
	CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME PARKER, DAVID R		1.2 NAME		
STREET ADDRESS 930 CASTILE AVE CORAL GABLES FL		1.3 STREET ADDRESS		
CITY-ST-ZIP CORAL GABLES FL	DELETE	1.4 CHY-ST-ZIP 2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME EVANS, WILLIAM		2.7 NAME		Change C Addition
STREET ADDRESS 3824 EL PRADO BLV	TD	2.3 STREET ADDRESS		
CITY-ST-ZIP COCONUT GROVE F		2. 4 CITY-ST-ZIP		
TITLE ST	DELETE	a.1 TITLE		Change Addition
NAME GARCIA DE QUEVED	O, PAUL	3.2 NAME		
STREET ADDRESS 5810 SW 91 AVE		3.3 STREET ADDRESS	•	
CITY-ST-ZIP MIAMI FL		3.4. CITY - ST - 7IP		
TITLE	OELETE	4.1 TITLE		☐ Change ☑ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		5 2 NAME		E comigo E nocidor
STREET ADDRESS		5 3 STREET ADDRESS		
City-St-ZiP		5 4 CHY+SI-ZIP		
TITLE	DELETE	61 TITLE		Change Addition
NAME				
		6.2 NAME		
STREET ADDRESS		6.2 NAME 6.3 STREET ADDRESS		

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 suppliemental 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 of the anaddress.