

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 02 1997 8:00am  
Secretary of State

DOCUMENT # **G81931** (9)

1. Corporation Name

**PROFESSIONAL CAPITAL ENTERPRISES, INC.**

Principal Place of Business

**911 MESSINA AVE  
CORAL GABLES FL 33134**

Mailing Address

**911 MESSINA AVE  
CORAL GABLES FL 33134-3609**



2. Principal Place of Business  
21 **7811 Coral Way**

Suite, Apt. #, etc.  
22 **Suite 100**

City & State  
23 **Miami, FL**

Zip  
24 **33155-6541**

2a. Mailing Address  
26 **7811 Coral Way**

Suite, Apt. #, etc.  
27 **Suite 100**

City & State  
28 **Miami, FL**

Zip  
29 **33155-6541**

3. Date Incorporated or Qualified  
**11/21/1983**

3a. Date of Last Report  
**04/25/1996**

4. FEI Number  
**59-2377948**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SOTOLONGO, JULIO C  
911 MESSINA AVE  
CORAL GABLES FL 33134-0004**

10. Name and Address of New Registered Agent

81 Name **Sotolongo, Julio C.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7811 Coral Way**  
83 **Suite 100**  
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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE  
NAME **SOTOLONGO, JULIO C**  
STREET ADDRESS **911 MESSINA AVE**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PSTD** ☐ Change ☐ Addition  
1.2 NAME **Sotolongo, Julio C.**  
1.3 STREET ADDRESS **7811 Coral Way, 100**  
1.4 CITY-ST-ZIP **Miami, FL 33155-6541**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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

*[Signature]* **Rev. 4/24/97 (205) 446-4416**

CR2E034 (9/96)