

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

**FILED**

**Feb 17 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # H17932 (5)**

1. Corporation Name  
**P.M.S.C., INC.**



Principal Place of Business <b>% LERMAN &amp; LERMAN, P.A. 48 EAST FLAGLER STREET, PENTHOUSE 101 MIAMI FL 33131</b>	Mailing Address <b>% LERMAN &amp; LERMAN, P.A. 48 EAST FLAGLER STREET, PENTHOUSE 101 MIAMI FL 33131</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/14/1984</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number <b>59-2437602</b>	Applied For Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<del>SCHWARTZBAUM, SAMUEL 8777 COLLINS ST MIAMI FL 33140</del>				81 Name <b>ISIDORO LERMAN</b>			
<b>Isidoro LERMAN 48 East Flagler St (101) MIAMI, FL 33131</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>48 East Flagler St (penthouse 101)</b>			
				83			
				84 City <b>MIAMI</b>			
				85 Zip Code <b>FL 33131</b>			

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 607.0105, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **2/10/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SCHWARTZBAUM, SAMUEL</b>		1.2 NAME	<b>Bertha MINSKI</b>			
STREET ADDRESS	<b>8777 COLLINS AVE.</b>		1.3 STREET ADDRESS	<b>5660 Collins Ave (11C)</b>			
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>		1.4 CITY-ST-ZIP	<b>Miami Beach, FL 33140</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<b>T/D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>T/D</b>			
NAME	<b>GHIZ, GARA</b>		2.2 NAME	<b>George MINSKI</b>			
STREET ADDRESS	<b>10 W. ORD COURT</b>		2.3 STREET ADDRESS	<b>2031 NE 210 Street</b>			
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>		2.4 CITY-ST-ZIP	<b>N Miami Beach, FL 33179</b>			
TITLE	<b>S.D/VPD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<b>SD/VPD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MINSKI, OSCAR</b>		3.2 NAME	<b>OSCAR MINSKI</b>			
STREET ADDRESS	<b>1241 NW 20 ST.</b>		3.3 STREET ADDRESS	<b>5660 Collins Ave (11C)</b>			
CITY-ST-ZIP	<b>MIAMI FL</b>		3.4 CITY-ST-ZIP	<b>Miami Beach, FL 33140</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE				
NAME	<b>PERDUE, HENRY</b>		4.2 NAME				
STREET ADDRESS	<b>1744 N.W. 20 ST.</b>		4.3 STREET ADDRESS				
CITY-ST-ZIP	<b>MIAMI</b>		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 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 in an attachment with an address.

SIGNATURE: *[Signature]* Vice President 2-10/98

CR2E034 (10/97)