

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H17932 (5)
1. Corporation Name
P.M.S.C., INC.

Principal Place of Business
% LERMAN & LERMAN, P.A.
48 EAST FLAGLER STREET, PENTHOUSE 101
MIAMI FL 33131

Mailing Address
% LERMAN & LERMAN, P.A.
48 EAST FLAGLER STREET, PENTHOUSE 101
MIAMI FL 33131

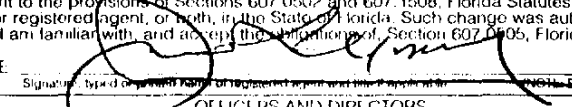


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/14/1984	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2437602	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				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	
SIDORU LERMAN 48 EAST FLAGLER ST MIAMI FL 33131		81 Name SIDORU LERMAN 82 Street Address (P.O. Box Number is Not Acceptable) 48 East Flagler St (penthouse 101) 83 84 City MIAMI FL 85 Zip Code 33131	

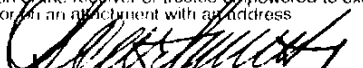
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:  DATE: **2/10/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D
NAME	SCHWARTZBAUM, SAMUEL	1.2 NAME	Bertha MINSKI
STREET ADDRESS	8777 COLLINS AVE.	1.3 STREET ADDRESS	5660 Collins Ave (11C)
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	T/D	2.1 TITLE	T/D
NAME	CHIZ, GARA	2.2 NAME	George MINSKI
STREET ADDRESS	10 W. ORD COURT	2.3 STREET ADDRESS	2031 NE 210 Street
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	N Miami Beach, FL 33179
TITLE	S.D./VPD	3.1 TITLE	SD/VPD
NAME	MINSKI, OSCAR	3.2 NAME	OSCAR MINSKI
STREET ADDRESS	1244 NW 20 ST.	3.3 STREET ADDRESS	5660 Collins Ave (11C)
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	VD	4.1 TITLE	
NAME	PERDUE, HENRY	4.2 NAME	
STREET ADDRESS	1744 NW 20 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 on an attachment with an address.

SIGNATURE:

 Vice President 2-10/98

CR2E034 (10/97)