

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY -1 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Maria B. Morham Secretary of State
 DIVISION OF CORPORATIONS
 0-55330
 5-1-95

DOCUMENT # **H25925** (9)
 1. Corporation Name
P.S.J., INC.

Principal Place of Business
**291 W. MOVRY ST
 HOMESTEAD FL 33030**

Mailing Address
**291 W. MOVRY ST
 HOMESTEAD FL 33030**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/17/1984** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-2454841** 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

**RODRIGUEZ, MARIA
 500 S.E. 17TH ST
 SUITE 220
 FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE **PTD**
 NAME **RODRIGUEZ, JOSE**
 STREET ADDRESS **30081 S.W. 154TH AVE**
 CITY - ST - ZIP **HOMESTEAD FL**

TITLE **SO**
 NAME **RODRIGUEZ, AMA, M**
 STREET ADDRESS **30081 SW 154TH AVE**
 CITY - ST - ZIP **HOMESTEAD FL**

TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY - ST - ZIP _____

TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY - ST - ZIP _____

TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY - ST - ZIP _____

TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY - ST - ZIP _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY - ST - ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* APR 25 1995
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Type Here)