## 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 # K59550

(9)

P.S.P.F. DEVELOPMENT, INC.

FILED Mar 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					IX OTOTA BEETA TERRE DEGLE LOOF		
% JOSE A. PEREZ % JOSE A. PEREZ							
329 E. 9TH ST, STE 201 329 E. 9TH ST, STE 201							
HIALEAH FL	33010-4285	HIALEAH FL 33010-4285			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 01/18/1989	:	
Principal Place of Business     2a. Mailing Add			ress		4. FEI Number	Applied For	
21		26		65-0096150	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27		C. Continuate C. Status Bestines	Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
Zip	Country	28	Country		Trust Fund Contribution	Added to Fees	
·	<b>├</b> ┐ ′	Zip		,	8. This corporation owes or has paid the cu		
24	25   Same and Address of Curren		30		Personal Property Tax due June 30.  Yes No  10. Name and Address of New Registered Agent		
	REZ, JOSE A.		[0,	14dillo			
329 E. 9TH ST			82	82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 201			83				
HIALEAH FL			63	1			
			84	City	FL	85 Zip Code	
11. Pursuant to the provisions of Soctions 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 Fiorida. 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, typind or printed name of registered agent and ide if applicable (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addition	
NAME	SANTOYO, JULIO		1.2 NAME	1			
STREET ADDRESS	11400 W. FLAGLER ST #202		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST-ZIP			
TITLE	VD	-		İ		Change Addition	
NAME	DI GIORGIO, PASQUALE		2.2 NAME		4 •		
STREET ADDRESS	3421 SW 117 AVE		2.3 STREE	r address	, .		
CITY-ST-ZIP	DAVIE FL		2.4 CITY-	ST-ZIP			
TITLE	SO	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS	11400 W. FLAGLER ST #202		3.3 STREE	F ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4. CITY -	ST-ZIP			
TITLE	TD	☐ DELETE	4.1 TITLE			Change Addition	
NAME	PEREZ, JOSE A.		4. 2 NAME				
STREET ADDRESS	329 E. 9TH ST, STE 201		4.3 STREE	ADDRESS			
CITY - ST - ZIP	MIAMI FL		4.4 CITY -	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREE1 ADDRESS			5.3 STREE	ADDRESS			
CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY -	ST-ZIP		[	
TITLE	DELETE		6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			

14. Thereby 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 arrival 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 chapter 607 on an attachment with an address

CIONATUDE.

3-16-98