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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90107 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K89236

1. Corporation Name

PROTEMPS OF MIAMI, INC.

Principal Place of Business

3901 NW 79TH AVE
 SUITE 109
 MIAMI FL 33166
 US

Mailing Address

3901 NW 79TH AVE
 SUITE 109
 MIAMI FL 33166
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1989

4. FEI Number

65-0114944

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 701 Promenade Dr.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

22 Suite 104

Suite, Apt. #, etc.

27

City & State

23 Pembroke pines, FL

City & State

28

Zip

24 33026

Country

25 Broward

Zip

29

Country

30

9. Name and Address of Current Registered Agent

WEGLARZ, DOREE
3901 NW 79TH AVE
STE 113
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

SHIRLEY HILL

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

701 Promenade Drive

83

Suite 104

84 City

Pembroke Pines

FL

85

Zip Code

33026

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETENAME **WEGLARZ, DOREE**STREET ADDRESS **3901 N 79TH AVE, SUITE 109**CITY-STATE-ZIP **MIAMI FL**TITLE **VPSD** ☐ DELETENAME **HILL, SHIRLEY**STREET ADDRESS **3901 NW 79TH AVE, SUITE 109**CITY-STATE-ZIP **MIAMI FL**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President, Director** ☒ Change ☐ Addition1.2 NAME **Doree Weglarz**1.3 STREET ADDRESS **701 Promenade Drive Suite 104**1.4 CITY-STATE-ZIP **Pembroke Pines, FL 33026** ☒ Change ☐ Addition2.1 TITLE **V. Pres. Secretary, Dir** ☒ Change ☐ Addition2.2 NAME **Shirley Hill**2.3 STREET ADDRESS **701 Promenade Dr. Suite 104**2.4 CITY-STATE-ZIP **Pembroke Pines, FL 33026** ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (954) 437-7770
 EKT-205

CR2E034 (1/98)