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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01121

(7)

PAYROLL CHECK, INC.

Principal Plac C/O JORGE L 1005 SW 87TH MIAMI FL 3317	PEREIRA I AVE	Mailing Address C/O JORGE L PEREIRA 1005 SW 87TH AVE MIAMI FL 33174-3208	C/O JORGE L PEREIRA 1005 SW 07TH AVE								
US		US				3. Date Incorporated or Qualified 07/11/1989 04/26/1996			ist Rep 96	port	
2. Principa: Place of Business		2a. Mailing Address				4. FEI Number 65-0180232				lied For Applicable	
21 Suite, Apt. #, etc. 22		26 Suite, Apt. #, etc.				Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Ζφ 24	Country 25	Zip 29	Cour 30	∍try		8. This corporation has liability for Florida Statutes	or intangible tax under s 199 032, Yes XXNo				
	g. Name and Address of C	urrent Registered Agent				10. Name and Address of New Re	glatered /	\gent			
	reira, jorge L.			81	Name						
1005 SW 87TH AVE MIAM) FL 33174				82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)				
				83					-		
				84	City		FL	65	Zip Ci	ode	
office or i	registered agent, or both, in the	97.0502 and 607.1508, Florida State State of Florida. Such change was obligations of, Section 607.0505, F	authorizec	עסונ	the corporate	oration submits this statement for the pon's board of directors. I hereby acce	ourpose of pt the app	changi ointme	ing its	registered egistered	
SIGNATURE	Sign of the type if or printed name of registe	ered agent and tile if applicable (NC	OTE Registered	Age	nt signature require	d when reinstating)	DATE				
12. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIREC	TORS		
TITLE	PST	☐ DELETE 1.1°		LE				Cha	ınge	Addition	
NAME	PEREIRA, JORGE L.			1.2 NAME							
STREET FADDRESS	1005 SW 87TH AVE		1.3 ST	REET	ADDRESS	DAFSS					
C(1) Y - ST - 21P	MIAMI FL		1.4 CI		T-ZIP			77.00		A state on	
TITLE		☐ DELETE	2.1 119					Cha	mge	Addition	
NAME			2.2 NA								
STREET ADORESS					ADDRESS						
CHY-ST ZIE		DELETE	2. 4 C		SI - ZIP		· · · · · · · · · · · · · · · · · · ·	Cha	ande	Addition	
THE		L. DELETE						UI-0	90	radicon	
NAME	1		3.2 NA	ME							

14. I do 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 it am an officer or director of the corporation or the receiver or pushes 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, syon an attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

JORGE L. PEREIRA

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TULE

4.2 NAME

5.1 TIFLE

52 NAME

61 TITLE

62 NAME

DELETE

DELETE

DELETE

SIGNATURE:

STREET ADDRESS CITY-ST-Z@

STREET ADDRESS

STREET ADDRESS

STREET ACIDRESS

CITY-S1-72

CHY-51-76°

THE

NAME

THE

NAME

HIG

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97

305-266-0575

FILED

May 05 1997 8:00am

Secretary of State

Daytime Phone #

Change

Change

Change

Addition

Addition

Addition