

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L72660 (8)

1. Corporation Name

METRO PROFESSIONAL SERVICE, INC.

Principal Place of Business

Mailing Address

~~700 S.W. 8TH STREET #402~~
~~MIAMI FL 33135~~

~~700 S.W. 8TH STREET #402~~
~~MIAMI FL 33135~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/10/1990

3a. Date of Last Report

05/26/1994

4. FEI Number

65-0214144

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

2. Principal Place of Business

21 13248 S.W. 8TH STREET

2a. Mailing Address

26 13248 S.W. 8TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FL 33184

City & State

28 MIAMI, FL 33184

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ROSS, CARIDAD~~
~~700 S.W. 8TH STREET #402~~
~~MIAMI FL 33135~~

81 Name

ROSS, CARIDAD

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

13248 S.W. 8TH STREET

83

84 City

MIAMI

FL

85 Zip Code
33184

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 fee # applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

CARIDAD ROSS - D/P/S.

APR 12 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DPS
~~ROSS, CARIDAD~~
~~700 S.W. 8TH STREET #402~~
~~MIAMI FL 33135~~

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

DPS
ROSS, CARIDAD
13248 S.W. 8TH STREET
MIAMI, FL 33184

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARIDAD ROSS -

APR 12 1995

(305) 559-5924

Date

Telephone #