FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:32

DOCUMENT # **M14576** (6)

1. Corporation Name
PROFESSIONAL MODIFICATION SERVICES, INC.

Principal Place of Business	Mailing Address
5300 NW 36 ST. P.O. BOX 52-2602, MIAMI INTERNAT'L AIRPORT MIAMI FL 33152	5300 NW 36 ST. P.O. BOX 52-2602, MIAMI INTERNAT'L AIRPORT MIAMI FL 33152

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/26/1985
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business
21: 5300 NW 36th ST
22 Suite, Apt. #, etc.: MIA HANGAR 8, BLDG 63
23 City & State: MIAMI FL
24 Zip: 33122
25 Country: USA

2a. Mailing Address
26: P.O. BOX 52-2602
27 Suite, Apt. #, etc.:
28 City & State: MIAMI FL
29 Zip: 33152
30 Country: USA

4. FEI Number: 59-2541437 ☐ 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

ALVAREZ, ENRIQUE
%PROFESSIONAL MODIFICATION SERVICES, INC.
5300 NW 36 ST.
MIAMI FL 33152-6565

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	ENRIQUE, ALVAREZ	1.2 NAME		
STREET ADDRESS	5300 NW 36TH	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	C	☑ Change ☐ Addition
NAME	SARAF, YOEL	2.2 NAME	SARAF, YOEL	
STREET ADDRESS	5300 NW 36 STREET	2.3 STREET ADDRESS	5300 NW 36th STREET	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33122	
TITLE	V	3.1 TITLE	V/T	☑ Change ☐ Addition
NAME	CHAMEBERLAIN, THOMAS	3.2 NAME	CHAMBERLAIN, THOMAS	
STREET ADDRESS	5300 NW 36TH STREET	3.3 STREET ADDRESS	5300 NW 36th STREET	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33122	
TITLE		4.1 TITLE	V/S	☐ Change ☑ Addition
NAME		4.2 NAME	DOMINGUEZ, RAFAEL	
STREET ADDRESS		4.3 STREET ADDRESS	5300 NW 36th STREET	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI FL 33122	
TITLE		5.1 TITLE	V	☐ Change ☑ Addition
NAME		5.2 NAME	GARCIA, MANUEL	
STREET ADDRESS		5.3 STREET ADDRESS	5300 NW 36th STREET	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI FL 33122	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Rafael Dominguez 3-1-95 305-871-3104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0163070 CP