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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jan 29 1996 8:00 am  
Secretary of State

DOCUMENT # **M14576** (6)

1. Corporation Name

**PROFESSIONAL MODIFICATION SERVICES, INC.**



Principal Place of Business

Mailing Address

5300 NW 36 ST.  
MIA HANGAR 8, BLDG 63  
MIAMI FL 33122  
US

P.O. BOX 52-2602  
MIAMI FL 33152  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt., #, etc.

26 Suite, Apt., #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of corporation or its authorized officer, director, or agent

Signature of Registered Agent or authorized representative

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

P

ENRIQUE, ALVAREZ  
5300 NW 36TH  
MIAMI FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

C

SARAF, YOEL  
5300 NW 36 STREET  
MIAMI FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

VT

CHAMBERLAIN, THOMAS  
5300 NW 36TH STREET  
MIAMI FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

VS

DOMINGUEZ, RAFAEL  
5300 NW 36TH STREET  
MIAMI FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

V

GARCIA, MANUEL  
5300 NW 36TH STREET  
MIAMI FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

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 by this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 additional sheet with an address.

SIGNATURE:

*Rafael Dominguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL DOMINGUEZ

1-18-96 305-871-2104

Date

Day, Month, Phone #

CR2E034 (12/95)