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Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M14576 (6)

1. Corporation Name  
PROFESSIONAL MODIFICATION SERVICES, INC.

Principal Place of Business  
5300 NW 36 ST.  
MIA HANGAR 8. BLDG 63  
MIAMI FL 33122  
US

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



3. Date Incorporated or Qualified 04/26/1985 3a. Date of Last Report 01/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-2541437 Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. 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 607.0502 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: Type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME ENRIQUE, ALVAREZ  
STREET ADDRESS 5300 NW 36TH  
CITY-ST-ZIP MIAMI FL

1.1 TITLE PD ☒ Change ☐ Addition

TITLE C ☐ DELETE

NAME SARAF, YOEL  
STREET ADDRESS 5300 NW 36 STREET  
CITY-ST-ZIP MIAMI FL

1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CSD ☒ Change ☐ Addition

TITLE VT ☐ DELETE

NAME CHAMBERLAIN, THOMAS  
STREET ADDRESS 5300 NW 36TH STREET  
CITY-ST-ZIP MIAMI FL

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP VTD ☒ Change ☐ Addition

TITLE VS ☒ DELETE

NAME DOMINGUEZ, RAFAEL  
STREET ADDRESS 5300 NW 36TH STREET  
CITY-ST-ZIP MIAMI FL

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

TITLE V ☐ DELETE

NAME GARCIA, MANUEL  
STREET ADDRESS 5300 NW 36TH STREET  
CITY-ST-ZIP MIAMI FL

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP VD ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP D ☐ Change ☒ Addition

6.1 TITLE AVIV TZUR  
6.2 NAME 5300 N.W. 36 STREET  
6.3 STREET ADDRESS MIAMI FL  
6.4 CITY-ST-ZIP

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 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:

ENRIQUE ALVAREZ 01/29/97 (305)871-2104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)