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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

M16597

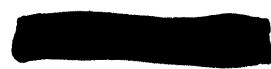
(0)

1. Corporation Name
PROFESSIONAL DIVERSI SERVICES, INC.

APPROVED AND FILED

1997 THAY 28 PM 3:37

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address		
P.O. BOX 651263 MIAMI FL 33165	P.O. BOX 651263 MIAMI FL 33165		
			3. Date Incorporated or Qualified
Principal Place of Business 1	2a. Mailing Address 26		4. FEI Number Applied For 59-2654193 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Certificate of Status Desired Secretary Secreta
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,
24 25		30]	Florida Statutes 🔀 Yes 🗌 No
g, Name and Address of Cur	rent Registered Agent	81 Name	10, Name and Address of New Registered Agent
SANTIAGO, JOSE			
3855 SW 125TH AVENUE		82 Street Add	ress (P.O. Box Number is Not Acceptable)
MIAMI FL 33175		83	
	7	84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 507,0	502 and 60 .1508, Florida Statutes,	the above-named corpor	
or registered agent, or both, in the Shifte of F familiar with, and accept the obligations of S	lorida. Such change was authorized ection 607.0505, Florida Statutes.	by the corporation's boa	ration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE	Charle (Jose Sa	integros 1-31-96
		Registered Agent signature require	
INTE PO OFFICERS.	AND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME SANTIAGO, JOSE	t. Druce	1.2 NAME	Ti custific Ti volution
STREET ADDRESS 3855 S.W. 125TH AVE.		1.3 STREET ADDRESS	
G(1Y-ST-ZIF MIAM) FL 33175		1.4 CITY-ST-ZIP	5000021961250
TITLE	☐ DELETE	2. 1 TITLE	-05/30/9701059 -026
NAME		2.2 NAME	****315.00 ******915.00
STREET ADDRESS		2.3 STREET ADORESS	
City-St-ZiP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3. 1 TITLE	Manual Charles
NAME		3.2 NAME	REINSTATEMENT
STREET ACCIDESS			SCHOOL STANDING OF
CHY-ST-ZIP	TI DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE	Change Addition
NAME	F-1 PRIVATE	42 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CHY-\$1-ZIP		4.4 CITY-ST-ZIP	
THLE	☐ DELETE	5. 1 TITLE	Change Addition
NAME		52 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CHY+SY+ZIP		5.4 CiTY-ST-ZiP	
THE CONTRACTOR OF THE CONTRACT	☐ DELETE	6 1 TITLE	Change Addition
NAVIE .		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
14. I do hereby certify that the efformation supplie	and this filling is woluntarily furnish	6.4 CITY - ST - ZIP	for the exemption stated in Section 119 07(3)(k) Florida Statutes, 1 further

4. I do hereby certify that the information supplied with this filtro 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the comparation of 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 phanged or an attachment with an address.

SIGNATURE:

AND TYPES ON PRINTED NAME OF SONING OFFICER OR DIRECTOR

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31-94 554

554-0568