

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N33448** (4)

1. Corporation Name

**PROFESSIONAL SECRETARY AND BUSINESS TECHNOLOGY C
ORP.**

Principal Place of Business

Mailing Address

**8260 W. 18TH LANE ROAD
HIALEAH FL 33014**

**8260 W. 18TH LANE ROAD
HIALEAH FL 33014**



3. Date Incorporated or Qualified
07/26/1989

3a. Date of Last Report
03/13/1995

2. Principal Place of Business
21 **5410 W 8 Ave**

2a. Mailing Address
25 **5410 W 8 AVE**

4. FEI Number
65-0136749

Applied For
☒ Not Applicable

Suite, Apt. #, etc.
22 **HOUSE**

Suite, Apt. #, etc.
27 **HOUSE**

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

City & State
23 **HIALEAH, FL**

City & State
28 **HIALEAH, FL**

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

Zip Country
24 **33012** 25 **DADE**

Zip Country
29 **33012** 30 **DADE**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOPEZ, PETER R., ESQ.
28 W. FLAGLER ST.
SUITE 202
MIAMI FL 33130**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed 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 ☐ DELETE
NAME **PD MARRERO, ROSA**
STREET ADDRESS **8260 W. 18TH LANE RD**
CITY - ST - ZIP **HIALEAH FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD MARRERO, ROSA**
1.3 STREET ADDRESS **5410 W 8 AVE**
1.4 CITY - ST - ZIP **HIALEAH, FL 33012**

TITLE ☐ DELETE
NAME **SD MATOS, CYNTHIA**
STREET ADDRESS **839 N.E. 97 ST.**
CITY - ST - ZIP **MIAMI SHORES FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **SD MATOS, CYNTHIA**
2.3 STREET ADDRESS **3400 REVENDELE CT**
2.4 CITY - ST - ZIP **ROSEWELL, GA 30075**

TITLE ☐ DELETE
NAME **TD MARRERO, SUZANNE**
STREET ADDRESS **26625 SW 197 AVE**
CITY - ST - ZIP **HOMESTEAD FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **TD MARRERO, SUZANNE**
3.3 STREET ADDRESS **2615 SE 21CT**
3.4 CITY - ST - ZIP **HOMESTEAD, FL 33025**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rosa Marrero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96 5570101 825-1744 Ext
Date Daytime Phone #

CR2E037 (12/95)