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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

5410 W 8 AVENUE
HOUSE
HIALEAH FL 33012
US5410 W 8 AVENUE
HOUSE
HIALEAH FL 33012-2406
US3. Date Incorporated or Qualified
07/26/19893a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 1821 SW 118 AVE

26 1821 SW 118 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 MIRAMAR, FL

27

City & State

City & State

City & State

23

28 MIRAMAR FL

Zip

Zip

Country

Country

24 33025

29 33025

25 BROWARD

30 BROWARD

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 PD
NAME MARRERO, ROSA
STREET ADDRESS 5410 W 8TH AVENUE
CITY - ST - ZIP HIALEAH FL1.1 TITLE PD
1.2 NAME MARRERO, ROSA
1.3 STREET ADDRESS 1821 SW 118 AVE
1.4 CITY - ST - ZIP MIRAMAR, FL 33025TITLE SD
NAME MATOS, CYNTHIA
STREET ADDRESS 3400 REVENDELE COURT
CITY - ST - ZIP ROSEWELL GA2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE TD
NAME MARRERO, SUZANNE
STREET ADDRESS 2615 SE 21 COURT
CITY - ST - ZIP HOMESTEAD FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Mortham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/97 (305) 557-0101

Date Daytime Phone #

CR2E037 (9/96)