


FILE NOW: FILING FEE IS \$61.25

FILED  
May 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33448** (4)  
1. Corporation Name  
**PROFESSIONAL SECRETARY AND BUSINESS TECHNOLOGY C ORP.**

Principal Place of Business	Mailing Address
1821 SW 118 AVE. HOUSE MIRAMAR FL 33025 US	1821 SW 118 AVE. HOUSE MIRAMAR FL 33025 US

2. Principal Place of Business	2a. Mailing Address
21 <b>2750 W 68 ST</b>	26 <b>2750 W 68 ST</b>
Suite, Apt., #, etc.	Suite, Apt., #, etc.
22 <b>Suite 228</b>	27 <b>Suite 228</b>
City & State	City & State
23 <b>Hialeah, FL</b>	28 <b>Hialeah, FL</b>
Zip	Zip
24 <b>33016</b>	29 <b>33016</b>
Country	Country
25 <b>USA</b>	30 <b>USA</b>

3. Date Incorporated or Qualified	
<b>07/26/1989</b>	
4. FEI Number	Applied For
<b>65-0136749</b>	Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**LOPEZ, PETER R., ESQ.**  
**28 W. FLAGLER ST.**  
**SUITE 202**  
**MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name	<b>S. SUAREZ</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2750 W 68 ST #229</b>
83 City	<b>HIALEAH, FL 33016</b>
84 State	<b>FL</b>
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]* (NOTE: Registered Agent signature required when re-registering) DATE **4-20-98**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	<b>PD</b>	<b>MARRERO, ROSA</b>	<b>1821 SW 118 AVE.</b>	
		<b>MIRAMAR FL</b>		
	<b>SD</b>	<b>MATOS, CYNTHIA</b>	<b>3400 REVENDELE COURT</b>	<input checked="" type="checkbox"/> DELETE
		<b>ROSEWELL GA</b>		
	<b>TD</b>	<b>MARRERO, SUZANNE</b>	<b>2815 SE 21 COURT</b>	<input checked="" type="checkbox"/> DELETE
		<b>HOMESTEAD FL</b>		
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>S. SUAREZ, (SVPD)</b>
2.3 STREET ADDRESS	<b>2750 W 68 ST #228</b>
2.4 CITY-ST-ZIP	<b>HIALEAH, FL 33016</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ZOBEIDA SCHOP (D)</b>
3.3 STREET ADDRESS	<b>2750 W 68 ST #228</b>
3.4 CITY-ST-ZIP	<b>HIALEAH, FL 33016</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* **4-20-98 (305)267-6707**

CR2E037 (10/97)