FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90188 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000015185

1. Corporation Name

PSR, INC.

MAMIR AUTON AVENUE 180 WI 107 AVENUE SUTE									
SUITE R MAMB FL 33172 MAMB FL 33172 MAMB FL 33172 A principal Place of Business Z1 Z1 Z1 Z1 Z1 Z1 Z1 Z1 Z2 Z1 Z1	Principal Place of Business Mailing Address							ABI B1868 (800)	
Applied For Substance Su	,		14	1460 NW 107 AVENUE					
2. Principal Place of Business 2. Mailing Address 4. FEI Number 4. Political T2(30)(1992) 21 22 28 29 20 5. Centricate of Status Desired 5. Scattle 5. Centricate of Status Desired 5. Scattle 6. Status Desired 5. Scattle 5. Centricate of Status Desired 5. Scattle 5. Centricate 5. Scattle 5	SUITE R			SUITE R			DO NOT WRITE IN THIS S	SPACE	
2. Principal Place of Business	MIAMI FL 33172			MIAMI FL 33172					
2. Principal Place of Business 2a, Mailing Address 5. S-1376632 National Application Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 20 Suite, Ap							1		,
Suite Apt. #, etc. Scriffcate of Status Desired \$5.75 Additional Fee Required \$27	2 Principal Place of Business			2a. Mailing Address				Ap	plied For
Suite, Apt. #. etc. Suite, Apt. #. etc.							_65-0376632		
City & State City & State City & State City & State 28 City Country St.00 May Be Added to Fees Registered Agent Registe				Suite, Apt. #, etc.			5 Certificate of Status Desired		
Zip Country Zip Country S. This corporation owes the current year Integlible S. This corporation owes the current year Integlible No.	22								<u> </u>
Zip Country Zip Country Zip Country 8. This corporation was the current year Intangible Personal Property Tax. Yes No	<u> </u>						1 **		· · · · · · · · · · · · · · · · · · ·
28								01000	
9. Name and Address of Current Registered Agent A Z REGISTERED AGENT CORPORATION 2601 S. BAYSHORE DRIVE SUITE 1600 MIAMI FL 33133 44 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, and accept the obligations of, Section 607,0505, 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, and accept the obligations of, Section 607,0505, 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, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered distances. I hereby accept the appointment as registered agent, and accept agent, and accept agent agent and accept agent						•		□No	
A Z REGISTERED AGENT CORPORATION 2601 S. BAYSHORE DRIVE SUITE 1600 MIAMI FL 33133 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, and accept the obligations of, Section 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the provision of section 607.0505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and the provision of section 607.0505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and the provision of section 607.0505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and the provision of section 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. And agent the purpose of changing its registered dependence of the provision of the purpose of changing its registered dependence of the purpos	24				1901			gent	
2601 S. BAYSHORE DRIVE SUITE 1600 MIAMI FL 33133 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 507.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis 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, in am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: hyped or printed ranne of registered agent and title if significable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPST NAME PEREZ, CARLOS 1.3 STREET ADDRESS 1.4 CITY. ST. ZP MIAMI FL 33172 DELETE 1.1 TITLE DELETE 2.1 TITLE DELETE 3.1 TITLE Change Addition Addition MAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST. ZP TITLE DELETE 4.1 TITLE Change Addition Addition MAME 3.2 NAME STREET ADDRESS CITY-ST. ZP TITLE DELETE 4.1 TITLE Change Addition Addition MAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST. ZP TITLE DELETE 4.1 TITLE Change Addition Addition MAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST. ZP TITLE DELETE 4.1 TITLE Change Addition Addition MAME 3.2 NAME STREET ADDRESS CITY-ST. ZP TITLE DELETE 4.1 TITLE Change Addition Addition MAME 3.3 STREET ADDRESS CITY-ST. ZP TITLE DELETE 3.1 TITLE Change Addition Addit						Name			
SUTE 1600 MIAMI FL 33133 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the average 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, 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 Typed or printed name of regulated agent and this if singkicable. POPST Signature Typed or printed name of regulated agent and this if singkicable. POPST POPST DELETE 11 TITLE DPST PEREZ, CARLOS 1.3 INDETAINED INTE PEREZ, CARLOS 1.3 STREET ADDRESS 1.4 GITY-ST-ZIP TITLE DELETE 2.1 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition Addition NAME 3.2 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition Addition Addition TITLE DELETE 4.1 TITLE Change Addition Addition Addition Addition Addition Addition Addition TITLE DELETE 4.1 TITLE Change Addition Add	A Z REGISTERED AGENT CORPORATI				82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33133 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 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, is am familier with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, tiped or printed name of registered agent agent agent agent is applicable. (NOTE Registered Agent signature required when remission) DATE 12.						•			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits his 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 familier with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or printed name of registered agent and tike if applicable. (NOTE Registered Agent signature required when reinstating) DATE					83				
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of infectors. The experiment as registered agent, and taken the obligations of, Section 607 (5005, Floridad Statutes. SIGNATURE Signature: Typed or printed name of registered agent and title if simplicable. (NOTE Registered Agent signature required when reinstating) 12.	MIAMI FL 33133				84	City	FL	85 Zip (Code
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaining) UNTE	office or re agent. Fai	agistored agent, or hi	oth, in the State of Flori	ida. Such channe was a	authorized by	the corpora	rporation submits this statement for the purpose of c tion's board of directors. I hereby accept the appoin	hanging its tment as re	registered gistered
TITLE	SIGNATURE	Signature, typed or printed n			E: Registered Ager	nt signature requ	mod within township)		
NAME			OFFICERS AND DIR		_		ADDITIONS/CHANGES TO OFFICERS ANI		
STREET ADDRESS	(UF31					Containe	Caronia	
1.4 CITY-ST-ZIP	•	AAAA ARAL AAT ALEENIIE							
TITLE	1								
NAME					1-217		☐ Change	☐ Addition	
STREET ADDRESS 2.3 STREET ADDRESS		1		_	22 NAME				
CITY-ST-ZIP					2.3 STREE	TADDRESS	-		
TITLE					2. 4 CITY-5	ST-ZIP			
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP				☐ DELETE	3,1 TITLE			Change	☐ Addition
CITY-ST-ZIP	NAME				3,2 NAME				
TITLE	STREET ADDRESS				3,3 STREE	TADDRESS			
NAME	CITY-ST-ZIP					T-ZIP			□ Addition
STREET ADDRESS 4.3 STREET ADDRESS	TITLE			☐ DELETE		1		☐ Change	☐ Addition
CITY-ST-ZIP									
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME .									
NAME 52 NAME				[] DELETE		1-ZIP		Change	☐ Addition
NAME :						ļ			
STREET ADDRESS 5.3 STREET ADDRESS					i i	T ADDRESS	•		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6,4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

Change

Addition