

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

1.1.00

**FILED**  
**Apr 21 1997 8:00am**  
**Secretary of State**



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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**

**DOCUMENT # P93000025267**

1. Corporation Name  
**PYRAMID ACCOUNTING SVCS, INC.**

Principal Place of Business Mailing Address  
**1559 NE 167th STREET** **SAME**  
**N. MIAMI BEACH FL 33162**

3. Date Incorporated or Qualified **3/25/93** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
**1559 NE 167th STREET** **SAME**

4. FEI Number **65-0400983** Applied For  
 Not Applicable

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

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

23. City & State 28. City & State  
**N. MIAMI BEACH FL**

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

24. Zip 25. Country 29. Zip 30. Country  
**33162** **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  
**SOPHIA LIMA**  
**1324 Normandy Drive**  
**MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City **FL** B5 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when re-issuing) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>SOPHIA LIMA</b>	
STREET ADDRESS	<b>1324 NORMANDY DRIVE</b>	
CITY - ST - ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	<b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>BARBARA MARQUET</b>
2.3 STREET ADDRESS	<b>1324 NORMANDY DR</b>
2.4 CITY - ST - ZIP	<b>MIAMI BEACH, FL 33141</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	

*RW*  
*4-21-97*

**200002150182**  
**-04/22/97--01020--046**  
**\*\*\*165.00**

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.

SIGNATURE: *Sophia Lima*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SOPHIA LIMA**

Date **2/24/97** Daytime Phone # **(305) 919-8950**

CR2E034 (9/96)