

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000045188

1. Corporation Name

PMS ENTERPRISES, INC.

Principal Place of Business

4680 SW 64 Avenue
Davie, FL 33314

Mailing Address

P.O. Box 143746
Coral Gables, FL
33114-3746

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

The Law Firm of Lawrence J.
Spiegel, Chartered
343 Almeria Avenue
Coral Gables, Florida 33134

81 Name
82 Spiegel & Utrera, P.A.
83 Street Address (P.O. Box Number is Not Acceptable)
84 343 Almeria Avenue

84 City
Coral Gables FL 85 Zip Code 33134

11. Pursuant to the provisions of Sections 607.012 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 the provisions of Section 607.012, Florida Statutes.

SIGNATURE By: Natalia Utrera, Vice-President

12. OFFICERS AND DIRECTORS

TITLE D [] DELETE

NAME Lawrence J. Spiegel
STREET ADDRESS 345 Almeria Avenue
CITY-STATE-ZIP Coral Gables, FL 33134

TITLE S [] DELETE

NAME Natalia Utrera
STREET ADDRESS 345 Almeria Avenue
CITY-STATE-ZIP Coral Gables, FL 33134

TITLE P [] DELETE

NAME Richard Fustin
STREET ADDRESS 4680 Southwest 64 Avenue
CITY-STATE-ZIP Davie, Florida 33314

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-STATE-ZIP [] DELETE

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NAME [] DELETE

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CITY-STATE-ZIP [] DELETE

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-STATE-ZIP [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] Change [] Add

12 NAME [] Change [] Add

13 STREET ADDRESS [] Change [] Add

14 CITY-STATE-ZIP [] Change [] Add

21 TITLE [] Change [] Add

22 NAME [] Change [] Add

23 STREET ADDRESS [] Change [] Add

24 CITY-STATE-ZIP [] Change [] Add

31 TITLE [] Change [] Add

32 NAME [] Change [] Add

33 STREET ADDRESS [] Change [] Add

34 CITY-STATE-ZIP [] Change [] Add

41 TITLE [] Change [] Add

42 NAME [] Change [] Add

43 STREET ADDRESS [] Change [] Add

44 CITY-STATE-ZIP [] Change [] Add

51 TITLE [] Change [] Add

52 NAME [] Change [] Add

53 STREET ADDRESS [] Change [] Add

54 CITY-STATE-ZIP [] Change [] Add

61 TITLE [] Change [] Add

62 NAME [] Change [] Add

63 STREET ADDRESS [] Change [] Add

64 CITY-STATE-ZIP [] Change [] Add

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
6/25/93

4. FEI Number
65-0424623

Applied For
Not Applicable

5. Certificate of Status Desired []

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution []

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax [] Yes [] No

10. Name and Address of New Registered Agent

800002790418--6
-03/01/99--01089--010
****150.00 ****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07, (b)(3), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate in 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 officer or director empowered to execute this report as required by Chapter 642, 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.

SIGNATURE: Richard Fustin Richard Fustin, President 2/26/99

CR2E034 (11/98)