

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:46

DOCUMENT # P93000069948 (6)

1. Corporation Name

P S DETAIL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7704 N.W. 5TH STREET
SUITE 1B
PLANTATION FL 33324

Mailing Address

7704 N.W. 5TH STREET
SUITE 1B
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1993

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0441639

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

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

30

9. Name and Address of Current Registered Agent

MACIAS, PEDRO L
7704 N.W. 5TH STREET
SUITE 1B
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 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

(Signature of Current Registered Agent or Registered Agent)

(Signature of Registered Agent or Corporation and State Representative)

(Date)

12. OFFICERS AND DIRECTORS

12a

NAME

STREET ADDRESS

CITY, STATE, ZIP

12b

NAME

STREET ADDRESS

CITY, STATE, ZIP

12c

NAME

STREET ADDRESS

CITY, STATE, ZIP

12d

NAME

STREET ADDRESS

CITY, STATE, ZIP

12e

NAME

STREET ADDRESS

CITY, STATE, ZIP

12f

NAME

STREET ADDRESS

CITY, STATE, ZIP

12g

NAME

STREET ADDRESS

CITY, STATE, ZIP

12h

NAME

STREET ADDRESS

CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a

NAME

STREET ADDRESS

CITY, STATE, ZIP

13b

NAME

STREET ADDRESS

CITY, STATE, ZIP

13c

NAME

STREET ADDRESS

CITY, STATE, ZIP

13d

NAME

STREET ADDRESS

CITY, STATE, ZIP

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NAME

STREET ADDRESS

CITY, STATE, ZIP

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NAME

STREET ADDRESS

CITY, STATE, ZIP

13g

NAME

STREET ADDRESS

CITY, STATE, ZIP

13h

NAME

STREET ADDRESS

CITY, STATE, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included in 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 registered agent authorized to make 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

Sonia Macias
SIGNATURE AND TYPED NAME OF DOMESTIC OFFICER OR DIRECTOR

3/29/95 (305) 346-7288
DATE