

FILE NOW: FILING FEE AFTER MAY 1 IS \$2

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT
Sandra B. Morth
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000015308 (7)**

1. Corporation Name

PORTUGUESE CONTRACT SERVICES, INC.



Principal Place of Business

**16155 SW 117TH AVENUE BAY 7
MIAMI FL 33157**

Mailing Address

**16155 SW 117TH AVENUE BAY 7
MIAMI FL 33157**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
02/25/1994	03/22/1995
4. FEI Number	Applied For
65-0469918	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NUNES, MARIA
15240 SW 307TH ROAD
HOMESTEAD FL**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the ab- or registered agent, or both, in the State of Florida. Such change was authorized by the familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

I, the named corporation submits this statement for the purpose of changing its registered office corporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE

Separate types or printed name of registered agent and then if applicable (Note: Registered agent's signature required when making

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	D <input type="checkbox"/> DELETE	1.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNES, MARIA	1.2	
STREET ADDRESS	15240 SW 307TH ROAD	1.3	
CITY-ST-ZIP	HOMESTEAD FL 33030	1.4	
TITLE	D <input type="checkbox"/> DELETE	2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEIXEIRA, FATIMA	2.2	
STREET ADDRESS	17320 SW 288TH STREET	2.3	
CITY-ST-ZIP	HOMESTEAD FL 33030	2.4	
TITLE	<input type="checkbox"/> DELETE	3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2	
STREET ADDRESS		3.3	
CITY-ST-ZIP		3.4	
TITLE	<input type="checkbox"/> DELETE	4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2	
STREET ADDRESS		4.3	
CITY-ST-ZIP		4.4	
TITLE	<input type="checkbox"/> DELETE	5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2	
STREET ADDRESS		5.3	
CITY-ST-ZIP		5.4	
TITLE	<input type="checkbox"/> DELETE	6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2	
STREET ADDRESS		6.3	
CITY-ST-ZIP		6.4	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 employee who appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Mar Nunes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96

CR2E034 (12/95)