

**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	

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	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the ab... I am the named corporation submits this statement for the purpose of changing its registered office... I am

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	D	11	Change
NAME	NUNES, MARIA	12	Addition
STREET ADDRESS	15240 SW 307TH ROAD	13	
CITY-ST-ZIP	HOMESTEAD FL 33030	14	
TITLE	D	21	Change
NAME	TEIXEIRA, FATIMA	22	Addition
STREET ADDRESS	17320 SW 288TH STREET	23	
CITY-ST-ZIP	HOMESTEAD FL 33030	24	
TITLE		31	Change
NAME		32	Addition
STREET ADDRESS		33	
CITY-ST-ZIP		34	
TITLE		41	Change
NAME		42	Addition
STREET ADDRESS		43	
CITY-ST-ZIP		44	
TITLE		51	Change
NAME		52	Addition
STREET ADDRESS		53	
CITY-ST-ZIP		54	
TITLE		61	Change
NAME		62	Addition
STREET ADDRESS		63	
CITY-ST-ZIP		64	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and... 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 employee... to execute this report as required by Chapter 607, Florida Statutes; and that my name does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes.

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

4/27/96

CR2E034 (12/95)