

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mathis
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000042284 (7)**

1. Corporation Name

PROFESSIONAL TECH CORPORATION



Principal Place of Business

**5880 W 20TH AVE
HIALEAH FL 33016
US**

Mailing Address

**5880 W 20TH AVE
HIALEAH FL 33016
US**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

**SUAREZ, WASHINGTON A
5880 W 20TH AVE
HIALEAH FL 33016**

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified
06/06/1994

3a. Date of Last Report
05/01/1995

4. FL Number
65-0496078

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. 193.032
Florida Statutes ☒ Yes ☐ No

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 605.07(2)(a) and 607.15(2)(a), 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 duties of, Sections 605.07(2)(a) and 607.15(2)(a), Florida Statutes.

SIGNATURE

Washington A. Suarez

3/26/96

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

**GUTIERREZ, AILSA
2770 W. 73 PLACE
HIALEAH FL 33016**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption statutes in Section 113.07(3)(g), 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 in compliance with Chapter 605, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an additional page with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ailsa Gutierrez

3/26/96

305-824-3577

CR2E034 (12/95)