

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 10 AM 11:27



DOCUMENT # **P94000048158 (7)**

1. Corporation Name

PROFESSIONAL ASSETS CORPORATION

Principal Place of Business

1515 NW 167TH ST
SUITE 232
MIAMI FL 33169

Mailing Address

1515 NW 167TH ST
SUITE 232
MIAMI FL 33169

2. Principal Place of Business

21 1515 N.W. 167th ST.

Suite, Apt. #, etc.

22 Suite 232

City & State

23 Miami, FL

Zip

24 33169

Country

25 U.S.A.

2a. Mailing Address

26 1515 N.W. 167th ST.

Suite, Apt. #, etc.

27 Suite 232

City & State

28 Miami, FL

Zip

29 33169

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

HERNANDEZ, MARIA L
1515 NW 167TH STREET
SUITE 232
MIAMI FL 33169

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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of principal place of business and registered agent

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: HERNANDEZ, MARIA L
STREET ADDRESS: 1515 NW 167TH STREET, SUITE 232
CITY - ST - ZIP: MIAMI FL 33169

TITLE: DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: Change Addition

12 NAME:
 Change Addition

13 STREET ADDRESS:
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14 CITY - ST - ZIP:
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21 TITLE:
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64 CITY - ST - ZIP:
 Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/96 (305) 620-5000

CR2E034 (12/95)