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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

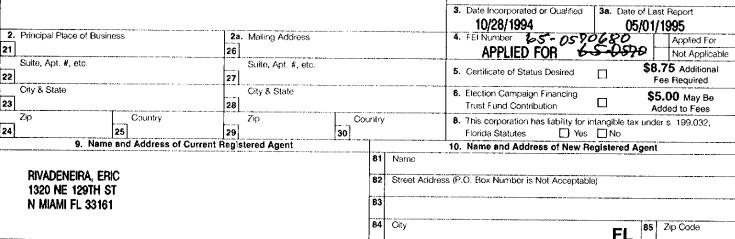
P94000080237 (8)

## A PERSONAL COMMUNICATION SPECIALIST, INC.

Principal Place of Business
1320 NE 129 STREET
N. MIAMI FL 33161

Mailing Address

1320 NE 129 STREET N. MIAMI FL 33161



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       |  |  |  |
|-----------------|--|--|--|
| 12.             | Signature tysoid or printed name of registered agent and title if a inheatile OFFICERS AND DIRECTORS | (NOTE: Rigistered Agent signature requir | rea when reinstating) DATE   |
| TITLE           | D FIDELS   | 13.                                      | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition |
| NAME            | •  | 1  | Change Addition  |
|                 | RIVADENEIRA, ERIC  | 1.2 NAME                                 |  |
| STREET ADDRESS  | 1320 NE 129 STREET   | 1.3 STREET ADDRESS                       |  |
| CITY-ST-ZIP     | N. MIAMI FL 33161  | 1.4 CITY - ST - 7IP                      | Change C Addition  |
| TITLE           | <b>√P</b> □ DELE   |  | Change Addition  |
| NAME            | TRIVETT, DELMAR  | 22 NAME                                  |  |
| STREET ADDRESS  | 14240 BISCAYNE RIVER D   | 2.3 STREET ADDRESS                       |  |
| CITY-ST-ZIP     | TRIVETT, DELMAR INCHE BISCAYNE RINER D MANN FL 33181   | 2 4 CI1Y - ST - ZIP                      |  |
| TITLE           | DELE   | TE 3. 1 TATLE                            | Change Addition  |
| NAME            |  | 3 2 NAME                                 |  |
| STREET ADDRESS  |  | 3.3 STREET ADDRESS                       | 1  |
| CITY - ST - ZIP |  | 3.4 CITY - \$1 - 7IP                     |  |
| TITLE           | ☐ DELF   | TE 4 1 THLE                              | Change Addition  |
| NAME            |  | 4 2 NAME                                 |  |
| STREET ADDRESS  |  | 4.3 STREET ADDRESS                       |  |
| CITY-ST-ZIP     |  | 4.4 C/TY-ST-ZIP                          |  |
| TITLE           | ☐ DELE   | TE 5 1 TITLE                             | Change Addition  |
| NAME            |  | 5.2 NAME                                 |  |
| STREET ADDRESS  |  | 5.3 STREET ADDRESS                       |  |
| CITY - ST - ZIP |  | 5.4 CITY - ST - ZIP                      |  |
| TITLE           | DELE   | TE 6. 1 TITLE                            | Change Addition  |
| NAME            |  | 6.2 NAME                                 |  |
| STREET ADDRESS  |  | 6 3 STREET ADDRESS                       |  |
| CITY - ST - ZIP | certify that the information supplied with this filing is yell uto                                   | 6.4 CITY - ST - 7IP                      |  |

certify 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. I further certify 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 adjacement with an address.

SIGNATURE:X

SIGNATURE AND TYPED OR PHILIDED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Prione #