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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996	Secretary DIVISION OF CO			
DOCUMENT # P94000	0082900 (9)			
PROFESSIONAL TOOL SERVICES.	INC.			
Principal Place of Business	Mailing Address			
20125 N.E. 3RD COURT. #8 20125 N.E. 3RD COURT. #8		#8		
MIAMI FL 33179	MIAMI FL 33179			
			3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		11/14/1994 4. FEI Number	05/01/1995 Applied For
21 1954 N.E. 148 51.		148 57.	65-0543662	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State		6. Election Campaign Financing	Fee Required
23 MIAMI FL.	28 MIAMI	FL.	Trust Fund Contribution	S5.00 May Be Added to Fees
Zip Country	Zp 20181	Country	8. This corporation has liability for in	
24 33181 25 DADE 9, Name and Address of Current	alterity is a second of the se	OADE	Florida Statutes Yes 10. Name and Address of New Re	_
5. Name and Address of Current	negistered Agent	81 Name	IV. Name and Address of New IN	egistered Agent
DANYALI, AIDA		82 Street Addr	ess (P.O. Box Number is Not Acceptable	Δ)
20125 N.E. 3RD COURT, #8			ess (i.e. box Harriso is Not Nocoptable	
MIAMI FL 33179		83		
		84 City		85 Zip Code
11 Pursuant to the provisions of Sections 607 0509 a	and 607 1608 Florida Statutos			
THE EXPONENT TO THE DIDVISIONS OF SECTIONS OUT WORK A	ina opringog, monda okaluks, i	the above-hamed corpor	ation submits this statement for the pure	pose of changing its registered office I
or registered agent pri both, in the State of Florida familiar with, and appept the publications of Accitor	ind 007.1006, rionda Statutes, i. Such change was authorized l n 607.0505, Florida Statutes.	the above-hamed corpor by the corporation is boar	ation submits this statement for the purp d of directors. Thereby accept the appo	pose of changing its registered office pintment as registered agent. I am
I SIGNATURE	nyali	ALIGA	DANYALI	pose of changing its registered office introduced introduced agent. I am
SIGNATURE Signature, typed or printed name of registered agent an	Myalu distribution (NOTE: 1	A OA Registered Agent signature required	JANYACI d when renstatingi	4/30/96
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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)(k), Florida Statutes. I further certify that the information indicated on this arrival 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 compression 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, of on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER DA DIRECTOR

VRF. J DAVOUD I