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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000090435 (6)

AD PROFESSIONAL SERVICES, INC.

FILED Jun 03, 1996 08:00 AM Secretary of State



Principal Place	of Business	Maling Address			3 JORISARA LIM FRIST BEGIN BRINT MAINT MAINT MAINT (MAINT MAINT MAINT MAINT MAINT MAINT MAINT MAINT MAINT MAINT			
10550 N.W. 77TH COURT #219 HIALEAH FL 33016		10550 N.W. 77TH COURT #219 HIALEAH FL 33016						
							Last Report /21/1995	
2. Principal Pla 21 8433	W. OKEECHOBEE RD	2a. Mailing Adoress	5613		4. FEI Number			Applied For
Suite, Apt. #		26 2050 W . Suite, Apt. #, etc.	56th :	St.	65-0539414			Not Applicable
22		27 Ste.32			5. Certificate of Status Desired			5 Additional Required
City & State		Orty & Stale			6. Election Campaign Financing			
23 HIALE	AH GARDENS FL.	28 HIALEAH	FL.		Trust Fund Contribution			00 May Be ed to Fees
Zip	Country	Zip	Coun	î a	8. This corporation has liability for i	ntangible ta		
24 3301		33016	30	JSA	Florida Statutes Yes			
	g. Name and Address of Current I	Registered Agent			10. Name and Address of New R	egistered A	gent	
D. C.D.	ABBIEN			1 Name				
	RIVERO, ADRIEN			2 Street Add	ress (P.O. Box Number is Not Acceptab	le)		
#219	N.W. 77TH CT.		-	3				
	U EL 22016		ſ	3				
TIMLEA	JH FL 33016		ε	4 City		 -	85 Z	ip Code
11 Pursuant to	the provisions of Sections 607 0500 as	ad 807 1600 Florido 5% La			ration submits this statement for the pur	FL	<u> </u>	
orregistere	su agent, or both, in the State of Fighpa.	-Such charloe was authorz	red by the co	a named corpo rporation's boa	ration submits this statement for the purj ird of directors. Thereby accept the appo	pose of char pintment as r	iging its i eaistered	registered office. Lagent, Lanc
tamiliar with	i, and accept the obligations of, Section	⊦607.0505, Florida Statutes	3.		2			
SIGNATURE _	Signature, typed or princed name of registerest agent ask	The twee of the same of the	500 n 1 VII V	 Junit segraturo require				
12.	OFFICERS AND I		13.	ji ni sigi atare require	ADDITIONS/CHANGES TO OFFI	DATE CEDS AND	DIDECTA	
TITLE	PD	DFLETE	1 1 TUTL	F T	ADDITIONS/CHANGES TO OFFI		Change	Addition
NAME	RIVERO, ADRIEN		1.2 NAM			L	onunge	Addition
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CITY-ST-ZIP	HIALEAH FL 33016		1.4 CITY					
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NAME			2.2 NAM	í		•	ū	
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NAME			5.2 NAM					
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NAME .			: 62 NAM					
STREET ADDRESS			63 STHE	ET ADDRESS				ļ
CITY-ST-ZIP			6.4 CITY	- S* - ZIP				
14. I do hereby	certify that the information supplied with) this tring is voluntarily furn	rished and do	es not qualify f	or the exemption stated in Section 119.0)7(3)(k) Elori	da Statul	es Liurther

To the last opening the information supplies with this ling is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: SIGNA CHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-96 (305)833-1705