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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000002959

1. Corporation Name

POTENTIAL RELEASE VOCATIONAL TRAINING CENTER INT'L. CORP.

Principal Place of Business
4141 N. MIAMI AVENUE, #201
MIAMI FL 33137

Mailing Address
P.O. BOX 370664
MIAMI FL 33137-3706



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1995

4. FEI Number

65-0551992

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 8358 NE 2nd Ave

2a. Mailing Address

26 P.O. Box 370664

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 MIAMI FL

27 City & State

28 MIAMI FL

24 Zip

25 33138

Country

25 USA

29 Zip

29 33137-3706

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PASCAL, EDITH
1551 N.E. 167TH STREET, #221
NORTH MIAMI BEACH FL 33162

81 Name

Edith Pascal

82 Street Address (P.O. Box Number is Not Acceptable)

1551 NE 167th Street #221

83

North Miami Beach

84 City

FL

85 Zip Code

33162

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

SIGNATURE

Edith Pascal

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-17-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE

NAME PASCAL, EDITH
STREET ADDRESS 1610 NW 127 STREET
CITY-ST-ZIP N. MIAMI FL 33167

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VSD ☐ DELETE

NAME PASCAL, BERVIL
STREET ADDRESS 1610 NW 127 STREET
CITY-ST-ZIP N. MIAMI FL 33167

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 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, with all other like empowered.

SIGNATURE:

Edith Pascal Edith Pascal 4-17-99 (305) 757-9030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (1/1/98)