

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000006992 (8)

1. Corporation Name

PROFESSIONAL SERVICES INC.

Principal Place of Business

1550 WEST 49TH STREET
HIALEAH FL 33012

Mailing Address

1550 WEST 49TH STREET
HIALEAH FL 33012

3. Date Incorporated or Qualified
01/26/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

21 1544 W. 49 ST.

2a. Mailing Address

26 1544 W. 49 ST.

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

23 HIALEAH, FL

City & State

28 HIALEAH, FL

Zip

24 33012

Country

25 USA

Zip

29 33012

Country

30 USA

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 has liability for intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GUTIERREZ, ANA
1550 WEST 49TH STREET
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name ANA GUTIERREZ
82 Street Address (P.O. Box Number is Not Acceptable)
1544 W. 49 ST.
83
84 City HIALEAH, FL 85 Zip Code 33012

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent Signature required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GUTIERREZ, ANA
STREET ADDRESS 8550 S.W. 149TH AVENUE
CITY-ST-ZIP MIAMI FL 33193

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(x), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ANA GUTIERREZ - ANA GUTIERREZ - 07/30/96 (305)557-2890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR

CR2E034 (3/96)