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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

SIGNATURE:

P95000010490 (7)

PROGRESSIVE TITLE SERVICES, INC.

Principal Prage of Business Maining Address					
9260 SUNSET DRIVE NO. 219 MIAMI FL 33132 9260 SUNSET DRIVE NO. 219 MIAMI FL 33132					
			3. Date Incorporated or Qualified 02/06/1995	3a. Date of Last Report	
Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
	Suito Ant # etc			Not Applicat	
nes, Ayn. H., etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
ty & State	City & State	- 17 - 18 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	6. Election Campaign Financing	\$5.00 May Be	
p	28		Trust Fund Contribution	Added to Fees	
Country 25	Zip	Country	This corporation has liability for Florida Statutes The	intangible tax under s 199.032,	
9. Name and Address of ([29] Current Registered Agent	30]	Florida Statutes Yes 10. Name and Address of New I		
		81 Name	10. Harris alla Mastera di 11011	togratored Agent	
DINER, MANUEL		82 Street	Address (D.O. Boy Number in Not Assente	, , , , , , , , , , , , , , , , , , ,	
141 NE 3RD AVE. SUITE 601		62 Street	Address (P.O. Box Number is Not Acceptal	(Me)	
MIAMI FL 33132		83			
		84 City		85 Zip Code	
			orporation submits this statement for the pu	FL	
miliar with, and accept the obligations of ATURE					
Symmetry exception in the objects	CTABLET BY THE PROJECTIONS (NO.	Tt Registered Agent signature 13.		DATE FICERS AND DIRECTORS IN 12	
) D	DELETE	1. 1 TITLE	ADDITIONS/OFFINALS TO OFF	Change Additi	
DINER, MANUEL	_	1.2 NAME			
ADDRESS 141 NE 3RD AVE. SUIT	E 601	1.3 STREET ADDRESS			
ZIF		1.4 CITY - ST - ZIP			
President	☐ DELETE	2 1 TITLE		☐ Change ☐ Additi	
MARYVALD	ES to	2 2 NAME			
ADDHESS 19200 SUNSE	+ Dince inch	2 3 STREET ADDRESS			
ALCHESS GALO SUNSE Liqui, FL Vice Pres.	SSUS DELETE	2.4 CITY - ST - ZIP		Change C Addition	
1.1 1 - 12-		3 1 TITLE 3 2 NAME		☐ Change ☐ Addili	
Hector Cho	33176 33176 1011 Dr. #300	33 STHEET ADDRESS			
12th Michael FL	33176	34 CITY-ST-ZIP			
	DELETE	4 1 TILLE		☐ Change ☐ Additi	
		4.2 NAME			
ADJ0ESS		4.3 STREET ADDRESS		•	
1-709		4.4 CITY - ST - ZIP			
	☐ DELETE	5 1 TITLE		Change Additi	
Arcuses		5 2 NAME			
ACCHESS		5 3 STREET ADDRESS			
11 74	DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		☐ Change ☐ Additi	
	<u> </u>	6.2 NAME		ET - make ET require	
LADORESS		6.3 STREET ADDRESS			
SF ZIF		64 CITY - ST - ZIP			
certify that the information indicated on thi	is annual report or supplemental ann corporation or the receiver or truste	ual report is true and a e empowered to execu	alify for the exemption stated in Section 119 ocurate and that my signature shall have the te this report as required by Chapter 607, F	same legal effect as if made und	

ME OF SIGNING OFFICER OF DIRECTOR