


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000010490 (7)**

1. Corporation Name

PROGRESSIVE TITLE SERVICES, INC.



Principal Place of Business

**9280 SUNSET DRIVE NO. 219
MIAMI FL 33132**

Mailing Address

**9280 SUNSET DRIVE NO. 219
MIAMI FL 33132**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/06/1995	3a. Date of Last Report 02/26/1996
--	--

2. Principal Place of Business	2a. Mailing Address	4. FEI Number APPLIED FOR 65-0636277	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
21. 141 NE 3rd Avenue Suite, Apt. #, etc.	26. 141 NE 3rd Avenue Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22. Suite 601 City & State	27. Suite 601 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Miami, Florida Zip	28. Miami, Florida Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. 33132	29. 33132		

9. Name and Address of Current Registered Agent

**DINER, MANUEL
141 NE 3RD AVE. SUITE 601
MIAMI FL 33132**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P. D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DINER, MANUEL	1.2 NAME	Diner, Manuel
STREET ADDRESS	141 NE 3RD AVE. SUITE 601	1.3 STREET ADDRESS	141 NE 3rd Avenue #601
CITY-ST-ZIP	MIAMI FL 33132	1.4 CITY-ST-ZIP	Miami, Florida 33132
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, MARY	2.2 NAME	
STREET ADDRESS	9280 SUNSET DR 219	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOMAT, HECTOR	3.2 NAME	
STREET ADDRESS	11430 N KENDALL DR 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *[Signature]* **SIGNATURE OF REGISTERED AGENT** *[Signature]* **DATE** *[Date]*

CR2E034 (4/97)