**PROFI1** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000014924 (1) **DOCUMENT #** 1. Corporation Name

HLB INTERNATIONAL SERVICES, INC.

FILED

36 MAY -1 PM 9: 26

SECRETARY OF STATE

Principal Place o	): DUSINESS				•	
200 S BISCAYNE BLVD STE 4800 MIAMI FL 33131		200 S BISCAYNE BLVD STE 4800 MIAMI FL 33131				
					<ol> <li>Date Incorporated or Qualified 02/22/1995</li> </ol>	3a. Date of Last Report
2. Principal Place	ce of Business	2a. Mailing Address			4. FEI Number	X Applied For
21		26				Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				- Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z <sub>I</sub> p	Country 30		B. This corporation has liability for in Florida Statutes	intangible tax under s. 199.032, <b>K</b>  No
24	25 9. Name and Address of Curi		1301		10. Name and Address of New F	tegistered Agent
	a. Manie and Address of Coll	out ingition and and	81	Name		
Part 144 14	ALIE A DECICTEDED ACESTO	INC		Direct Arl-1	rose (D.O. Box Number is Not Acceptate	yle)
PENINSULA REGISTERED AGENTS, INC.			82	82 Street Address (P.O. Box Number is Not Acceptable)		
	BISCAYNE BLVD., STE 4800		83			
MIAMI	FL 33131		<u></u>	ļ		85 Zip Code
l l			B4	l '		FL   T
11 Purcuant to	o the provisions of Sections 607.05	o02 and 607.1508. Florida State	utes, the above i	named corpo	oration submits this statement for the purard of directors. I hereby accept the app	rpose of changing its registered office
or registere	ed agent, or both, in the State of Fi h, and accept the obligations of, S	locidal Such change was author	rized by the corp	oration's boa	ard of directors. I hereby accept the app	omment as registered agent. Fam
	n, and accept the obligations OL S	CUNION DOM. COUR. FIDILIDA STATUR	op,			
	3					
CICNATURE			NOTE: Registered Age	nt egnature require	ed when redistaling)	DATE
CICNATUDE	Signature, typed or protect reimo of registross a	gerland tille (application (		nd eignature require	ud when reast-ding)  ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
SIGNATURE _	Signature, typed or protect reimo of registross a	gentiand blin it applicable (	NOTE Registered Age		ADDITIONS/CHANGES TO OFF	D-110
SIGNATURE _	Signal, ire by set is a practical number of registers of the D	gert av Fölk i Pagshuatio ( AND DIRECTORS	NOTE Registered Age		od when residing)  ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
SIGNATURE _ 12. TITLE	Signature by set or president name of registers or RESTRICT OFFICERS  D FAGUNDEZ, HUMBERTO	upert and title if application ( AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
SIGNATURE _ 12. THE NAME STREET ADDRESS	Signal, ire by set is a practical number of registers of the D	opert and title if application ( AND DIRECTORS  DELETE ) , STE 4800	13. 1.1 TITLE 1.2 NAME	1 ADDRESS	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12 Change X Addition
SIGNATURE _ 12. TITLE NAME	Signature System or protect name of registers of B OFFICERS D FAGUNDEZ, HUMBERTO 200 S BISCAYNE BLVD.	upert and title if application ( AND DIRECTORS  DELETE	NOTE Registered Ages  13. 1 TITLE 1 2 NAME 1 3 STREE	1 ADDRESS S1-ZIP	ADDITIONS/CHANGES TO OFF	Change Addition
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Too hereby design that the information indicated or line annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under only 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 Lettagged, or on an attachment with an address.

SIGNATURE:

ROGER BOULTON SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR APRIL 12, 1996 ( 582) 5631246

CR2E034 (12/95)