

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000021381 (5)

1. Corporation Name

PROFESSIONAL COMMERCIAL MANAGEMENT, INC.



Principal Place of Business

Mailing Address

14372 S.W. 90TH TERRACE
MIAMI FL 33186

14372 S.W. 90TH TERRACE
MIAMI FL 33186

2. Principal Place of Business

2a. Mailing Address

21 9600 NW 25 STREET

26 9600 N.W. 25 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2C

27 2C

City & State

City & State

23 Miami FL

28 Miami FL

Zip

Zip

Country

Country

24 33172

25 US

29 33172

30 US

9. Name and Address of Current Registered Agent

AZOCAR, DULCE M
14372 S.W. 90TH TERRACE
MIAMI FL 33186

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, 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

Dulce M. Azocar

(NOTE: Registered Agent's signature required when not applicable)

01/16/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RIVERO, MILAGROS
STREET ADDRESS 9500 N.W. 25TH ST., SUITE 2C
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE SAME ☒ Change ☐ Addition

12 NAME SAME

13 STREET ADDRESS 9600 NW 25TH ST., SUITE 2C

14 CITY-ST-ZIP SAME ☐ Change ☐ Addition

2. 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP ☐ Change ☐ Addition

3. 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP ☐ Change ☐ Addition

4. 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP ☐ Change ☐ Addition

5. 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP ☐ Change ☐ Addition

6. 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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 I am an officer or director or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Milagros Rivero

1/16/96

(305) 382-5747

CR2E034 (12/95)