## **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.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000021381 (5) PROFESSIONAL COMMERCIAL MANAGEMENT, INC.

97 JUL 21 AM II: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| Principal Place  | of Business  |                                     | Mailin                    | g Address                               |                       |   |  |  |                 |                 |               |  |
|--|--|-------------------------------------|---------------------------|---|-----------------------|---|--|--|-----------------|-----------------|---------------|--|
| 9800 NW 25 S<br>SUITE 2C<br>MIAMI FL 3317<br>US  | SUIT   | NW 25 STREET<br>E 2C<br>II FL 33172 | TREET                     |   |                       | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 3a. Date of Last Report |  |  |                 |                 |               |  |
| 00   |  |                                     |                           |   |                       |   |  |  |                 |                 |               |  |
| 2. Principal Pla   | ace of Busine  | ss                                  | 2a. Ma                    | ailing Address                          |                       |   |  | 03/15/1995<br>4. FEI Number                                      | V               | 1/22/1996       | oplied For    |  |
| 21   |  |                                     | 26                        | J                                       |                       |   |  | 65-0586361   |                 | <del> </del>    | ot Applicable |  |
| Sulte, Apt. #  | , etc.   |                                     |                           | Suite, Apt. #, etc.                     |                       |   |  |  |                 | \$8.75          |               |  |
| 22   |  |                                     | 27                        |   |                       |   |  | 5. Certificate of Status Desired                                 |                 | Fee Re          |               |  |
| City & State   |  |                                     | Cit                       | City & State                            |                       |   |  | 6. Election Campaign Financing                                   |                 | \$5.00          | May Be        |  |
| 23   |  |                                     | 28                        | ··· + · · · · · · · · · · · · · · · · · |                       |   |  | Trust Fund Contribution  |                 | Added t         |               |  |
| Zip  | Country  |                                     |                           | 7ip Country                             |                       |   |  | 8. This corporation owes or has paid the current year Intangible |                 |                 |               |  |
| 24   | 25     29  <br>9. Name and Address of Current Registered Agent |                                     |                           |   | 30                    |   |  | Personal Property Tax due June 30. Yes No                        |                 |                 |               |  |
|  |  |                                     | Current Registere         | d Agent                                 |                       | 31 T  | Money                                  | 10. Name and Address of New Re                                   | gistered        | Agent           |               |  |
|  | CAR, DULC  |                                     |                           |   |                       | ''  | Name                                   |  |                 |                 |               |  |
|  |  | H TERRACE                           |                           |   |                       |   | Street Add                             | ress (P.O. Box Number is Not Acceptab                            | le)             |                 |               |  |
| MIA  | MI FL 33186  | 5                                   |                           | ļ.,                                     |                       |   | ······································ |  |                 |                 |               |  |
|  |  |                                     |                           |   | ľ                     | 3   |  |  |                 |                 |               |  |
|  |  |                                     |                           |   | ē                     | 4   | City                                   |  |                 | <b>85</b> Zip ( | Code          |  |
| 44 Dura cont.  |  | 1 C1 C                              | 7.0500 1.007 4            | 100 51-11-51-51-1                       |                       | Д.  |  |  | FI              |                 |               |  |
| 11. Pursuant to the provisions of Sections 607.6502 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 Porida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am facilitate with, and accept the obligations of, Section 607.0505, Florida Statutes. |  |                                     |                           |   |                       |   |  |  |                 |                 |               |  |
| SIGNATURE  | Signature, pried or  | printed next of regis               | cred agent and line if ap | plicable (NO                            | Tf Registered A       |   | il signature requi                     | red when reinstating)  | //6/<br>DATE    | 197             |               |  |
| 12.  | Z  | OFFICE                              | RS AND DIRECTO            | RS                                      | 13.                   |   |  | ADDITIONS/CHANGES TO OFFIC                                       | ERS AN          | ID DIRECTOR     | S IN 12       |  |
| TITLE  | PD   |                                     |                           | ☐ DELETE                                | 1.3 100               | Ŀ   |  |  |                 | Change          | ☐ Addition    |  |
| NAME   |  | AILAGROS                            |                           |   | 1.2 NAM               | IE  |  |  |                 |                 |               |  |
| STREET ADDRESS   |  | 25TH STREET                         | , Suite 2C                | 2C 1.3 STREET ADDRESS                   |                       |   | ADDRESS                                |  |                 |                 |               |  |
| CITY - ST - ZIP  | MIAMI FL   |                                     |                           |   | 1.4 CHY               |   | - 7IP                                  |  |                 |                 |               |  |
| TITLE  |  |                                     |                           | ☐ DELETE                                | 2.1 TOTAL             | E   |  |  |                 | ☐ Change        | ☐ Addition    |  |
| NAME   |  |                                     |                           |   | 2.2 NAM               | E   |  | يتندن يانتدر يانتدر وانتدر ياندن ياندر                           |                 |                 |               |  |
| STREET ADDRESS   |  |                                     |                           |   | 2.3 STRE              | ET A  | NDDRESS                                | 8000022<br>-07/24/9  | 4               | <u> </u>        | r             |  |
| CITY-ST-ZIP  |  |                                     |                           | T agree                                 | 2. 4 CII)             |   | r-Z(P                                  | ~U1/24/3   | _ <del>^^</del> |                 | 12U           |  |
| TITLE  |  |                                     |                           | ☐ DELETE                                | 3 1 7 17 1.6          |   |  | कर्कक 100  | • 00            |                 |               |  |
| NAME<br>OTREET APPRECE   |  |                                     |                           |   | 3.2 NAM               |   |  |  |                 |                 |               |  |
| STREET ADDRESS   |  |                                     |                           |   | 3.3 STRE              |   |  |  |                 |                 |               |  |
| CITY-ST-ZIP  |  |                                     |                           | DELETE                                  | 3.4 CITY              | •   | - ZIP                                  |  |                 | Change          | A Juliana     |  |
| TITLE<br>NAME  |  |                                     |                           | L DELETE                                | 4.1 TITLE<br>4. 2 NAM |   |  |  |                 | Change          | Addition      |  |
|  |  |                                     |                           |   |                       |   | 20000                                  |  |                 |                 |               |  |
| STREET ADDRESS   |  |                                     |                           |   | 4.3 STRE              |   | 1                                      |  |                 |                 |               |  |
| CITY-ST-ZIP<br>TITLE   |  |                                     |                           | DELETE                                  | 5.1 TITLE             |   | - 214                                  |  |                 | Change          | Addition      |  |
| NAME   |  |                                     |                           | head DEEC 15                            | 5.1 THE               |   |  |  |                 | CT Outube       | - Addition    |  |
| STREET ADDRESS   |  |                                     |                           |   |                       |   | DDDtcc                                 | ^  |                 |                 |               |  |
|  |  |                                     |                           |   | 5.3 STRE              |   | - 1                                    | []. []   | IIN             |                 | 1             |  |
| CITY-ST-ZIP<br>TITLÉ   |  |                                     |                           | DELFTE                                  | 54 CITY<br>61 THLE    |   | · 21P                                  | <i>u. u.</i>   | 1               | Change          | Addition      |  |
| NAME   |  |                                     |                           |   | 62 NAM                |   |  | a.a.<br>7/2  | 11/2            | ) <b>つ</b>      | L. Hounde     |  |
| STREET ADDRESS   |  |                                     |                           |   | 63 STRE               |   | nnoree                                 | 1/0  | 119             | 7               |               |  |
| DITY-ST-ZIP  |  |                                     |                           |   |                       |   |  |  | ,               |                 |               |  |
| 0111-01-61F  |  |                                     |                           |   | 64 CITY               | - 21 -  | · tıl.                                 |  |                 |                 |               |  |

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 coron along on the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if grant (1), or all an attachment visit an address.



## PROFESSIONAL COMMERCIAL MANAGEMENT, INC.

July 17, 1997

DEPARTMENT OF STATE ANNUAL REPORTS FILINGS DIVISION OF CORPORATIONS Post Office Box 6327 Tallahassee, Florida 32314

RE: 1997 Annual Report Filing

Dear Sirs:

We would like to ask for your consideration in waiving the late fees for the filing of our annual report for 1997.

Upon receipt of your second notice, we immediately conducted through search of our records looking for the filing report. Apparently, we did not received the first notice. The only records we have are the ones for the previous year 1996.

We are a management company for different condominiums in the area and we send the reports for their corporations on their behalf. Therefore, this could be the reason why we did not notice that our report was missing. On the other hand, the mail personnel servicing our property has been changed on the last months in several occasions due the grow of the area.

We sincerely appreciate your consideration and understanding to our situation and if you have any questions regarding this matter do not hesitate to call us.

Very truly yours,

PROFESSIONAL COMMERCIAL MNGT., INC.

Milagros Rivero

President

MR/dma

**Enclosures**