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Apr 30 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 # P95000022990 (2)

1. Corporation Name

ADVANCED PERSONNEL RESOURCES INC.



Principal Place of Business

235 COMMERCIAL BLVD
SUITE 209
LAUDERDALE BY THE SEA FL 33308
US

Mailing Address

235 COMMERCIAL BLVD
SUITE 209
LAUDERDALE BY THE SEA FL 33308-4430
US

2. Principal Place of Business

21 235 Commercial Bldg

Suite, Apt. #, etc.

22 209

City & State

23 LAUDERDALE BY THE SEA

Zip

24 33308

Country

25 FL USA

2a. Mailing Address

26 235 Commercial Bldg

Suite, Apt. #, etc.

27 209

City & State

28 LAUDERDALE BY THE SEA

Zip

29 33308

Country

30 D.S.A

3. Date Incorporated or Qualified

03/21/1995

3a. Date of Last Report

04/05/1996

4. FEI Number

65-0581396

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CESPEDES, EDWARD
4250 GALT OCEAN DR.
#10U
FORT LAUDERDALE FL 33308

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

TITLE DP ☐ DELETE

NAME CESPEDES, EDWARD
STREET ADDRESS 235 COMMERCIAL BLVD SUITE 209
CITY- ST- ZIP LAUDERDALE BY THE SEA FL

TITLE MT ☐ DELETE

NAME CESPEDES, SYLVIA
STREET ADDRESS 235 COMMERCIAL BLVD SUITE 209
CITY- ST- ZIP LAUDERDALE BY THE SEA FL

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

200002164392

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***165.00

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 *Edward Cespedes* EDWARD CESPEDES 4-24-97 954-7764788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0262756

CR2E034 (9/96)