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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **P95000024666 (6)**

1. Corporation Name
PROFESSIONAL CAPITAL INVESTMENTS, CORP.

Principal Place of Business	Mailing Address
7815 CORAL WAY. 109 MIAMI FL 33155	7815 CORAL WAY. 109 MIAMI FL 33155-6541

3. Date Incorporated or Qualified: 03/28/1995
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business
21 7811 Coral Way
Suite, Apt. #, etc.
22 Suite 100
City & State
23 Miami, FL
Zip 24 33155-6541 Country 25

2a. Mailing Address
26 7811 Coral Way
Suite, Apt. #, etc.
27 Suite 100
City & State
28 Miami,FL
Zip 29 33155-6541 Country 30

4. FEI Number: 65-0578659 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

SOTOLONGO, JULIO C
7815 CORAL WAY, 109
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name: Sotolongo, Julio C.
82 Street Address (P.O. Box Number is Not Acceptable): 7811 Coral Way
83 Suite 100
84 City: Miami FL 85 Zip Code: 33155-6541

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SOTOLONGO, JULIO C % 7815 CORAL WAY, 109 MIAMI FL 33155	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP Sotolongo, Julio C. 7811 Coral Way, 100 Miami, FL 33155	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FERRADAZ, JOSE A % 7815 CORAL WAY, 109 MIAMI FL 33155	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DS Ferradaz, Jose A. 7811 Coral Way, 100 Miami, FL 33155	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MAINIERI, NUNZIO % 7815 CORAL WAY, 109 MIAMI FL 33155	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VD Mainieri, Nunzio 7811 Coral Way, 100 Miami, FL 33155	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FERRADAZ, ALBERTO % 7815 CORAL WAY, 109 MIAMI FL 33155	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD Ferradaz, Alberto 7811 Coral Way, 100 Miami, FL 33155	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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] Pres. 4/24/97 (305)446-4416