Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90127 048 \*\*\*150.00

## 150 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500034382

1. Corporation Name

P.C. & ASSOCIATES INC.

	AGGOCIATEG, ING.												
Principal Place	of Business	Mai	ling Address						T (BOTERNI SIO IDIOI MITTI ADIII SOISI DUSII ADIID		LINE (DELN 1606 1001		
6815 EDGEWATER DRIVE #304 6815 EDGEWATER DRIVE #													
CORAL GABLES FL 33133 CORAL GABLES FL 33133							- }						
									DO NOT WRITE IN THIS SPACE				
									Date Incorporated or Qualifed				
									05/01/1995	<del></del>			
2. Principal Pl	ace of Business	2a.	Mailing Address						FEI Number	<u> </u>	Applied For		
21	26								<u>65-0579650</u>		Not Applicable		
Suite, Apt. #, etc.								5.	Certificate of Status Desired	\$8.75 Additional Fee Required			
22		27	07. 0.01.4					-			·		
City & State	9	$\vdash$	City & State			~			Election Campaign Financing		May Be d to Fees		
23	Court	28	Zip	C0	untry	<del></del>			Trust Fund Contribution		d to rees		
Zip	Country	_	_	$\overline{}$	unu y				This corporation owes the current year Int Personal Property Tax.	angibie ∐Yes	No		
24	25 9. Name and Address of Current	29		30	_				Name and Address of New Registered				
	9. Name and Address of Current	registe	sied Agent		81	Name				rigent			
PEREDA, RALPH A							_		·	• .			
1350 SW 122ND AVENUE #208					82	Street .	Address	ddress (P.O. Box Number is Not Acceptable)					
MIAMI FL 33184					83				<del></del>				
••••													
					84	City			FL	<b>85</b> Zi	p Code		
44 Guranant	to the provisions of Sections 607.0503	and 60°	7 1508 Florida Statute	e the	ahove	  named	comora	tion	submits this statement for the purpose of	changing	its registered		
office or re agent. I ar	egistered agent, or both, in the State of agrilled with, and accept the obligation	of Florida	Such change was au Section 607,0505, Flori	thorize	d by	the corpo	oration's	bo	and of directors. I hereby accept the appoi	ntment as	registered		
SIGNATURE	adopter	N	1 KHL	$\mathcal{L}\mathcal{H}$	1	PER	$\langle \mathcal{F} \phi$	1	7 272	97			
40	Signature, typed of printed name of registered agent OFFICERS ANI		<del></del>	13		at signature r	required whi		ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	TORS IN 12		
12.	D OFFICERS AND	DIREC	DELETE	-	TTLE		Τ		ADDITIONS/OFFAREES TO OFFICE AS AT	Chang			
	PEREDA, LUIS		<u> </u>		NAME		1				_		
NAME	6815 EDGEWATER DRIVE #304			ı		FADDRESS							
STREET ADDRESS	CORAL GABLES FL 33133												
CITY-ST-ZIP	D		☐ DELETE	_	CITY-S	1-212	-			☐ Chang	e Addition		
TITLE	- <del>-</del>		002216		NAME		ĺ			<u> </u>			
NAME	PEREDA, RALPH A 1350 SW 122ND AVENUE #208	,				r ADDDERO				•			
STREET ADDRESS		,		4		( ADDRESS	ļ						
CITY-ST-ZIP	MIAMI FL 33184	<del> </del>	☐ DELETE	_	CITY-S	51-ZIP		- :	<u> </u>	⊡ Chang	e Addition		
TITLE	D CASTANIEDA IODGE		C) Deceip		NAME			į	الأراد والمستهدين المستديد فالمستهديد				
NAME .	CASTANEDA, JORGE 11791 SW 31ST STREET			1		TADORESS	<b>\</b>						
STREET ADDRESS													
CITY-ST-ZIP TITLE	MIAMI FL 33175		☐ DELETE	_	CITY-S	I-ZIP	+	<del></del> ;		[ ] Chang	e Addition		
}			_ been	ı						ب د	_		
NAME					NAME	T ADDDCCC				_			
STREET ADDRESS						T ADDRESS				•			
CITY-ST-ZIP			☐ DELETE	_	OTY-S	1-212	<del> </del>			Chang	ge Addition		
TITLE					NAME								
NAME						T ADDRESS	1						
STREET ADDRESS					CITY-S				-				
CITY-ST-ZIP			☐ DELETE	_	MTLE		<del> </del>		<u> </u>	Chang	e Addition		
TITLE							i		•		,		

14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR