

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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90142 006 \*\*\*150.00

0200203

DOCUMENT # P95000036759

1. Corporation Name

PRIMARY FINANCIAL SERVICES, INC.

Principal Place of Business

2801 PONCE DE LEON BLVD.  
SUITE 430  
CORAL GABLES FL 33134

Mailing Address

2801 PONCE DE LEON BLVD.  
SUITE 430  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1995

4. FEI Number

65-0580891

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

REY, JOSE A  
2180 NW 19 AVE.  
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name

Ivette Rey

82 Street Address (P.O. Box Number is not Acceptable)

2801 Ponce de Leon Blvd # 430

83

84 City

Coral Gables

FL

85 Zip Code

33134

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

Ivette Rey Secretary

4/27/99

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 ☐ DELETE

NAME PD  
STREET ADDRESS REY, JOSE A  
CITY-ST-ZIP 91 NORTH HIBISCUS DR.  
MIAMI BEACH FL 33139

TITLE ☒ DELETE

NAME VD  
STREET ADDRESS REY, MIRTA R  
CITY-ST-ZIP 91 NORTH HIBISCUS DR.  
MIAMI BEACH FL 33139

TITLE ☐ DELETE

NAME S  
STREET ADDRESS REY, IVETTE  
CITY-ST-ZIP 2801 PONCE DE LEON BLVD. #430  
CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME T  
STREET ADDRESS REY, EDUARD  
CITY-ST-ZIP 2180 N.W. 19TH AVE.  
MIAMI FL 33142

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 PD  
1.3 STREET ADDRESS REY, JOSE A  
1.4 CITY-ST-ZIP 2180 NW 19 AVE  
MIAMI FL 33142

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

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.

SIGNATURE:

Ivette Rey

4/27/99

305-448-1744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)