

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

APPROVED  
AND  
FILED

P8192

1997 JUL 23 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997

DOCUMENT # **P96000082043**

1. Corporation Name

**TMR PROFESSIONAL SERVICES, INC.**

Principal Place of Business  
**9971 SW 37 TERRACE MIAMI FL 33165**

Mailing Address  
**9971 SW 37 TERRACE MIAMI FL 33165**

3. Date Incorporated or Qualified <b>10/23/1995</b>	3a. Date of Last Report <b>08/09/1996</b>
4. FEI Number <b>65-0615813</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**BOLANO RAUL**  
**9971 SW 37 TERRACE**  
**MIAMI FL 33165**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOLANO RAUL</b>	1.2 NAME	
STREET ADDRESS	<b>9971 SW 37 TERRACE</b>	1.3 STREET ADDRESS	<b>400002251524--7</b>
CITY- ST- ZIP	<b>MIAMI FL 33165</b>	1.4 CITY- ST- ZIP	<b>-07/29/97--01123--003</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>****165.00 ****165.00</b>
NAME	<b>BOLANO MARTA</b>	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>9971 SW 37 TERRACE</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL 33165</b>	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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: **Forte Bolano** **MARTA BOLANO** 7-10-97 305-223-1381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

**T M R**

**Professional Services, Inc.**

July 10, 1997

Annual Reports Filings  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Fl 32399

RE: 1997 Profit Corporation Annual Report  
FEI # 65-0615813

Dear Sirs/Madams:

Enclosed, please find the Annual Report form for TMR Professional Services, also, enclosed is our check no. 1264 in the amount of \$ 165.00 to cover for the filing fee.

I understand that we are filing this report late, but, unfortunately we did not receive the original form in the mail as we were supposed to. I believe that, most likely, it was lost in the mail or it was delivered to the wrong address and the people that received it simply threw it away.

I hope you understand that our payment is not intentionally late and I hope you will wave the penalty fee. My husband and I opened TMR in October of 1995, basically we have been in business only one year and an half, this is only the second time that we file the report and this is why we didn't realize that we had not received the form and therefore missed the filing deadline.

As I said before I hope you understand the circumstances that have caused the delay in the payment and ask you to please wave the penalty fee.

Sincerely,



Marta Bolano