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

Mailing Address

MIAMI FL 33165

2a. Mailing Address

Suite, Apt. #, etc.

26

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9971 SW 37TH TERRACE

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

9971 SW 37TH TERRACE

2. Principal Place of Business

Suite, Apt. #, etc.

MIAMI FL 33165

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CICNATI IDE:

TITLE

NAME

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

FILED

May 04 1998 8:00am

Secretary of State

Applied For

\$8.75 Additional

Fee Required

Change

Change

Addition

Addition

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1995

65-0615813

5. Certificate of Status Desired

FEI Number

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000082043 (7)

T M R PROFESSIONAL SERVICES, INC.

City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zω 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name **BOLANO, RAUL** 9971 SW 37TH TERRACE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33165** 83 84 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 typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. Addition DELETE Change TITLE 1.1 TITLE NAME **BOLANO. RAUL** 1.2 NAME 9971 SW 37TH TERRACE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33165** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE Ď 2.1 TITLE **BOLANO, MARTA** NAME 2.2 NAME **9971 SW 37TH TERRACE** STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33165 CITY-ST-ZIP 2. 4 CITY-\$1-2IP ■ DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TOLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-S1-ZIP

5.4 CITY - ST - ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

14. Thereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.

DELETE

DELETE