

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000085556 (5)

1. Corporation Name

PROFESSIONAL CEILINGS, INC.



Principal Place of Business

Mailing Address

2271 NW 2ND ST.  
MIAMI FL 33125

2271 NW 2ND ST.  
MIAMI FL 33125

3. Date Incorporated or Qualified  
11/06/1995

3a. Date of Last Report

2. Principal Place of Business

21 7341 S.W. 32ND STREET

2a. Mailing Address

26 7341 SW 32ND STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
MIAMI FLA

27 City & State  
MIAMI FLA

23 Zip  
33135

Country  
US

29 Zip  
33135

Country  
US

4. FEI Number

650625806

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

CAMACHO, TOMAS  
2271 NW 2ND ST.  
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name

MANUEL PORRAS PITA

82

Street Address (P.O. Box Number is Not Acceptable)

121 WEST 7 ST

83

APT 0-K

84

City

MIAMI

FL

85

Zip Code

33010

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

MANUEL PORRAS PITA

(NOTE: Registered Agent signature required when reinstating)

DATE

8-3-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D  
CAMACHO, TOMAS  
STREET ADDRESS  
2271 NW 2ND ST.  
CITY - ST - ZIP  
MIAMI FL 33125

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

11 TITLE ☒ Change ☐ Addition

12 NAME  
PRESIDENT  
MANUEL PORRAS PITA  
13 STREET ADDRESS  
121 WEST 7 ST  
14 CITY - ST - ZIP  
MIAMI FLA 33010

21 TITLE ☒ Change ☐ Addition

22 NAME  
VICE  
TOMAS CAMACHO  
23 STREET ADDRESS  
2271 NW 2ND ST  
24 CITY - ST - ZIP  
MIAMI FLA 33125

31 TITLE ☐ Change ☐ Addition

32 NAME  
TREASURER  
LETICIA RIVERO  
33 STREET ADDRESS  
702 EAST 30 ST  
34 CITY - ST - ZIP  
MIAMI FLA 33013

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

8-3-96

Daytime Phone #

305-863-0374

CR2E034 (3/96)