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

1000 1000

STREET ADDRESS CITY-ST-ZIP

**FILED PROFIT** Apr 28 1998 8:00am FUORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000085801 (5) PERSONNEL COUNSELORS, INC. Principal Place of Business Mailing Address 6962 N.W. 50 STREET 6962 N.W. 50 STREET MIAMI FL 33166 MIAM! FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/08/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0623780 Not Applicable 2 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country  $Z_{\rm IP}$ 8. This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MARIN. ANTHONY V 6962 N.W. 50 STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am language with, and accept the objections of, Section 607,0505, Figrida Statutes. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Addition PD **DELETE** 1.1 TITLE TITLE RAQUEL M RIOS MARIN, ANTHONY V 1.2 NAME NAME 6962 NW 50 ST **6962 N.W. 50 STREET** 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition **STD** 2.1 TITLE TITLE MARIN, VICTOR H 2.2 NAME **6962 N.W. 50 STREET** 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** 2 4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIF DELETE Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-Z₩ DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

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 of 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 in an attachment filtren address.