

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P95000086321 (3)

1. Corporation Name

PROFIT PLUS CORPORATION

Principal Place of Business

Mailing Address

8341 N.W. 64TH STREET
MIAMI FL 33166

8341 N.W. 64TH STREET
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1995

4. FEI Number

65-0623342

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 7976 NW 66 ST	26 7976 NW 66 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 MIAMI FLORIDA	28 MIAMI FLORIDA
Zip	Zip
24 33166	29 33166
Country	Country
25	30

2. Principal Place of Business	2a. Mailing Address
21 7976 NW 66 ST	26 7976 NW 66 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 MIAMI FLORIDA	28 MIAMI FLORIDA
Zip	Zip
24 33166	29 33166
Country	Country
25	30

9. Name and Address of Current Registered Agent

DA SILVA, GERSON S
8341 N.W. 64TH STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name DA SILVA, GERSON S
82 Street Address (P.O. Box Number is Not Acceptable)
7976 NW 66 ST
83
84 City MIAMI FL 33166

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	DA SILVA, GERON S	
STREET ADDRESS	8341 N.W. 64TH STREET	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZANATTA, GILMAR	
STREET ADDRESS	8341 N.W. 64TH STREET	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE:

(305) 718-9394

CR2E034 (10/97)