

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000091640 (9)

1. Corporation Name

PROFESSIONAL BOOKKEEPING INCORPORATED

Principal Place of Business

5912 TAYLOR STREET  
HOLLYWOOD FL 33021

Mailing Address

5912 TAYLOR STREET  
HOLLYWOOD FL 33021-6257

FILED  
Apr 02 1997 8:00am  
Secretary of State



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/30/1995

3a. Date of Last Report

09/26/1996

4. FEI Number

85-0548352

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

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TALENO, MIRIAM P  
10922 SOUTH WEST 153RD AVENUE  
MIAMI FL 33196

81. Name

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

83.

84. City

FL

85. 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

*Leopoldina Cero Miriam Patricia Taleno*

Signature of officer or director, registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

3/10/97

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
0  
TALENO, MARIA LUISA  
5912 TAYLOR STREET  
HOLLYWOOD FL 33021

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
TALENO, MIRIAM PATRICI  
10922 SOUTHWEST 153RD AVENUE  
HOLLYWOOD FL 33021

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETE

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STREET ADDRESS  
CITY- ST- ZIP  
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13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

*Leopoldina Cero*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/26/97

Daytime Phone

954-962 570

0130927

CR2E034 (9/96)