

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000000350 (4)

1. Corporation Name
PROFESSIONAL ASSOCIATES, INC.

Principal Place of Business
6701 NW 189TH ST SUITE B-302
MIAMI FL 33015

Mailing Address
6701 NW 189TH ST SUITE B-302
MIAMI FL 33015-4218



3. Date Incorporated or Qualified 01/01/1996
3a. Date of Last Report

2. Principal Place of Business
21 18011 NW 66 Ct Cir
Suite, Apt #, etc.

2a. Mailing Address
26 PO Box 171166
Suite, Apt #, etc.

4. FEI Number APPLIED FOR
Applied For

22 City & State
23 Miami FL

27 City & State
28 Miami FL

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

24 33015 25 USA

29 33015-1166 30 USA

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

8. Name and Address of Current Registered Agent

OLIVA, RUBEN
2250 SW 3RD AVE
MIAMI FL 33129

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME D CARLO, HEIDE
STREET ADDRESS 6701 NW 189TH ST SUITE B-302
CITY-ST-ZIP MIAMI FL 33015
2. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 18011 NW 66 COURT CIRCLE
1.4 CITY-ST-ZIP MIAMI FL 33015
2.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME PETER Aviles
2.3 STREET ADDRESS 6701 NW 189th St. Suite B-302
2.4 CITY-ST-ZIP MIAMI FL 33015
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Heidi Carlo HEIDI CARLO 4/25/97 557-9894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

0122514