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PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **P96000043314 (9)**

1. Corporation Name
**PC FORCES INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| **1771 BISCAYNE BLVD.**<br>**MIAMI FL 33132-1130** | **1771 BISCAYNE BLVD.**<br>**MIAMI FL 33132-1130** |

3. Date Incorporated or Qualified: 05/03/1996
3a. Date of Last Report: 5-3-96

2. Principal Place of Business
21: 3671 NW 19TH ST
22: Suite, Apt. #, etc.
23: Miami Florida
24: Zip 33125 — 25: Country USA

2a. Mailing Address
26: 3671 NW 19TH Street
27: Suite, Apt. #, etc.
28: Miami FL
29: Zip 33125 — 30: Country USA

4. FEI Number: 65-0669585 ☐ 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

**SMITH, ANTONIO MARK**
**723 NORTH WEST 9TH AVE., SUITE Z**
**MIAMI FL 33136**

10. Name and Address of New Registered Agent

81 Name: Smith, Antonio Mark
82 Street Address (P.O. Box Number is Not Acceptable): 3671 North West 19TH Street
83:
84 City: Miami FL — 85 Zip Code: 33125

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: Antonio Mark Smith — 01/05/97
Signature of the person named as registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CEO<br>SMITH, ANTONIO MARK<br>723 NORTH WEST 9TH AVE., SUITE Z<br>MIAMI FL 33136 ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | CEO C/O P/T<br>SMITH, ANTONIO MARK<br>3671 North West 19TH Street<br>Miami, Florida 33125-1023 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>JACOBSEN, ERIK TODD<br>2770 NE 23RD PLACE<br>FT. LAUDERDALE FL 33062 ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (9/96)

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:** Antonio Mark Smith — 01/05/97 — 305 374 8393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D176844