

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90192 010 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000018897**

1. Corporation Name

**P G MANAGEMENT SYSTEMS, INC.**

**PAID**  
**2-3-99**  
**CH #1456**  
**\$150.00**



Principal Place of Business

~~10301 SW 50 TER~~  
~~MIAMI FL 33165~~  
~~US~~  
**2339 NW 8 Ave**  
**Miami, FL 33127**

Mailing Address

~~10301 SW 50 TER~~  
~~MIAMI FL 33165~~  
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/28/1997**

4. FEI Number  
**65-0732210**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**2339 NW 8 Ave.**  
Suite, Apt. #, etc.

2a. Mailing Address

**2339 NW 8 Ave.**  
Suite, Apt. #, etc.

22

27

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33127** Country **USA**

Zip

**33127** Country

9. Name and Address of Current Registered Agent

**GODOY, PEDRO**  
**10301 SW 50 TER**  
**MIAMI FL 33165**

10. Name and Address of New Registered Agent

81 Name **Godoy, Pedro A.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2339 NW 8 Ave.**  
83  
84 City **Miami** **FL** 85 Zip Code **33127**

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

12.

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DPS	GODOY, PEDRO	<del>10301 SW 50 TER</del>	<del>MIAMI FL 33165</del>	<input type="checkbox"/>
VP	MURILLO, MARIO A	<del>10301 SW 50 TER</del>	<del>MIAMI FL 33165</del>	<input type="checkbox"/>
T	DEL SOL, CLARA	<del>10301 SW 50 TER</del>	<del>MIAMI FL 33165</del>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		<b>2339 NW 8 Ave</b>	<b>Miami, FL 33127</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		<b>2339 NW 8 Ave.</b>	<b>Miami, FL 33127</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
		<b>2339 NW 8 Ave.</b>	<b>Miami, FL 33127</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

**Pedro A. Godoy**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-03-99** **305-6382040**

Date

Daytime Phone #

CR2E034 (11/98)