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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

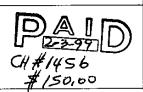
## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000018897 1. Corporation Name

Principal Place of Business

P G MANAGEMENT SYSTEMS, INC.



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

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



10301 SW 50 TER 1339 NW 8 AVC - 10301 SW 50 TER WIAMI FL 33165 US //1/1/1/1/ FT 33/0 7 US					DO NOT WRITE IN THIS SPACE			
00	,,,,				3. Date Incorporated or Qualifed 02/28/1997			
2. Principal P	Place of Business	2a. Mailing Address ,	1		4. FEI Number	A	pplied For	
27 233	- 1 0 1 mm	2a. Mailing Address 26 <b>3331</b> NW 8	8 M	C.	65-0732210	N	lot Applicable	
Suite, Apt.	Y	Suite, Apt. #, etc.			5. Certifcate of Status Desired	,	Additional Required	
City & State City & State 23 /// 0/11/1 , F / 28 /// 0/11/1 , /			<u>=</u> /	6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees				
Zip 24 35/	Country  125 USA	2ip 29 33/0 <b>7</b> 30	Country		This corporation owes the current year     Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registers	d Agent	,	
			81	Name	Todoy, Pedro A.			
	DOY, PEDRO		82		ress (P.O. Box Number is Not Acceptable)	•		
-10301-SW-50-TER				Sireel Addi	39 NW 8 MC		ŀ	
MIAI	MI-FL::33165 <sup>.</sup>		83	90				
						12-1 -		
			84	City /	rani F		Code	
11 Qureuant	to the provisions of Sections 607 0502	2 and 607 1508 Florida Statutes	the above	-named corr	poration submits this statement for the purpose	of changing if	s registered	
office or r	registered agent or both in the State o	of Florida. Such change was auth-	orized by	the corporation	on's board of directors. I hereby accept the app	ointment as r	egistered	
agent. I a	im familiar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statutes	•				
SIGNATURE		NOTE D			ed when reinstating) DATE		\	
40	Signature, typed or printed name of registered agent OFFICERS ANI		13.	t signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	
12.	DPS	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change		
TITLE	<b>-</b>	C DELETE				A		
NAME	GODOY, PEDRO	•	1.2 NAME		2339 NW 8 Ave.			
STREET ADDRESS	r .				33 mi El 22/17		<b>~</b> .	
CITY-ST-ZIP	-MIAMI FL 33165		1.4 CITY-S	T-ZIP	7/4/11/1/1/1/2010/	∑Change	Addition	
TITLE	VP	☐ DELETE	21 TITLE		:	Da Charge	, Dyaggon	
NAME	MURILLO, MARIO A		22 NAME		0334 NW 8 Ave.	,		
STREET ADDRESS	_10301-SW-50-TER		2.3 STREE	ADDRESS -				
CITY-ST-ZIP	_MIAMI-FL 83165		2.4 CITY-8	IT-ZIP	Miami, 17 33127		· · ·	
TITLE	Ť	☐ DELETE	3.1 TITLE		,	Change	Addition	
NAME	DEL SOL, CLARA	•	3.2 NAME		CAR	1	)	
STREET ADDRESS	-10391-8W-50-TER-		3.3 STREE	TADORESS	2331 NW 8 ME.		ļ	
CITY-ST-ZIP	MIAMI FL 33165		3.4. CITY-5	T-ZIP	1331 NW 8 AVE.			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME		•			
STREET ADDRESS				T ADDRESS			}	
			4.4 CITY-S				-	
CITY-ST-ZIP TITLE		□ DELETE	5.1 TITLE	1-215	- Anna de la companya	☐ Change	Addition	
	•		5.1 MAME			_ •	_	
NAME				ADDRESS			ļ	
STREET ADDRESS			5.4 CITY-S					
CITY-ST-ZIP		□ pc(ett	6.1 TITLE	1-01		☐ Change	Addition	
TITLE		☐ DELETÉ			•		, 1700,0011	
NAME	Ì		6.2 NAME				{	
STREET ADDRESS	5	•	6.3 STREE	T ADDRESS			ſ	
	1		64 CITY S	T-7IP	•			

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:**