SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000032955

PRESTIGE PROVIDERS SERVICES, INC

Principal Place of Business

Mailing Address

FILED Aug 30, 1999 8:00 am Secretary of State

08-30-1999 90003 017 ***558.75



2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For	20031 N.W. 63RD COURT MIAMI FL 33015				20031 N.W. 63RD COURT MIAMI FL 33015							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/11/1997						
Suite, Apt. #, etc. 22 22 22 22 23 24 25 25 25 25 25 25 25	2. Principal Place of Business 2a. Mailing Address													\Box	Αp	plied	For	
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Country Coun	Suite, Apt. #, etc.				Suite, Apt. #, etc.							5. Certificate of Status Desired	1 1 1					
Zip Country Zip 29 3 30 30 30 30 30 30 30	City & State :								~		, , ,							
10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent	Zip Country									ade					Yes No			
DIAZ, NATIVIDAD 20031 NW. 63RD COURT MIAMI FL 33015 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the apprintment as registered agent. I am fability in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the apprintment as registered agent. I am fability into the Statutes are displayed agent as produced when renestang. SIGNATURE Signature typed or printed rener of registered agent set using facilities. (MOTE: Registered agent segretate rener and produced agent as produced when renestang) DAZE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 12. ITTLE DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition STREET ADDRESS 20031 NW 63 CT 13. STREET ADDRESS 2017NST-2P DELETE 21. ITTLE DELETE 31. ITTLE Change Addition Addition ALCHYST-2P				ress of Current I		Agent						10. Name and Address of New Re	gistered	Agent				
1. 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 agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept, the application agent, large many and the provision of policy agent, and afficient of the purpose of changing its registered agent, or both, in the State of Florida Statutes. SIGNATURE Transmitter Transmitt	2003	1 N.W. 63F	RD COUF	स	•				82	Street A	ddres	s (P.O. Box Number is Not Acceptat		85	Zip I	Code		
agent i and fabilitations, not begin in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the application agent and talk place of the product of									•	Ony			FL	. 🎳	_,p \	_		
12.	office or i agent. I a	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 familia by in, and appendix of, section 607.0505, Florida Statutes. SIGNATURE																
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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.

SIGNATURE

SIGNATURE AND TYPED OR DRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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9 305-P25-0089

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