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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000070365

Corporation Name
 PIB SERVICES, INC.

TID GENTIGEO, INTO

Principal Place of Business

Mailing Address

8181 NW 154 ST., STE, 210 MIAMI LAKES FL 33016 8181 NW 154 ST., STE, 210 MIAMI LAKES FL 33016

## FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90016 014 \*\*\*150.00



MIAMI LAKES FL 33016		MIAMI LAKES FL 33016				DO NOT WRITE IN THIS SPACE				
	,						3. Date Incorporated or Qualifed 08/13/1997			
2. Principal Pl	ace of Business		2a. Mailing Address 26				4. FEI Number		App	ied For
21	•						65-07 <u>75241</u>		Not	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	7		Iditional
22			27				J. Cermente di Charas Decires		e Req	
City & State	e		City & State				6. Election Campaign Financing			1ay Be
23			28				Trust Fund Contribution	Ad	ded to	Fees
Zip		Country	Zip	Cou	ntry		8. This corporation owes the current year Inta		-	٦
24	25		29	30	_	•	1 Crooman Fraporty Take	☐ Yes	L	□No
	9. Name and	Address of Current	Registered Agent		641		10. Name and Address of New Registered A	gent		
DALA	CINC INCE	١			81	Name				
PALACIOS, JOSE A 5430 SW 88 PLACE					82	Street Ad	Idress (P.O. Box Number is Not Acceptable)			
				Ш						
MIAN	/II FL 33165				83					
					84	City		85	Zip Co	ode
					l l	-	FL.			
office or re	egistered agent,	or both, in the State o	and 607.1508, Florida Statu f Florida. Such change was ons of, Section 607.0505, Fl	authorized	i by i	the corpora	propration submits this statement for the purpose of cation's board of directors. I hereby accept the appoin	nangir tment	as regi	egistered stered
SIGNATURE	Clanatura tunad ar ari	nted name of registered agent	and title if applicable (NOT	F: Registered	Agent	t signature regu	uired when reinstating) DATE			
12.	Signature, typed or pri	OFFICERS AND		13.	7.9017	- organization rough	ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTOR	S IN 12
TITLE	DPT	0111021107111	DELETE	1.1 TI	TLE			Cha		☐ Addition
NAME	PALACIOS, J	NSF A		1.2 N		i				
STREET ADDRESS		4 ST., STE. 210				ADDRESS				
	MIAMI LAKES				TY-ST					
CITY-ST-ZIP TITLE	DVS	71 2 00010	☐ DELETE	2.1 TI		1-21		Cha	inge	Addition
NAME	KUNZMAN, E	MERV I		2.2 N		1			•	_
		4 ST., STE. 210				ADDDESC				,
STREET ADDRESS	MIAMI LAKES					ADDRESS	was to be a second of the seco		-	
CITY-ST-ZIP	IVIIAIVII LANES	5 FL 33010	☐ DELETE	3,1 17	TY-S	1-211		Cha	ange	☐ Addition
TITLE				3.2 N/				_	·	_
NAME					-	ADDRESS				
STREET ADDRESS						1				
CITY-ST-ZIP			☐ DELETE	3.4, C	ΠY-\$	1-ZP		☐ Cha	ange	☐ Addition
πιτΕ							•	<b>Land C</b> 415		
NAME				4.2N		LABBRESS				
STREET ADDRESS		•				ADDRESS				
CITY-ST-ZIP	•		DELETE		TY-ST	T-ZIP	A-1	Cha	enge	☐ Addition
TITLE	_		. DELETE	5.1 TI 5.2 N		1		L) 011	90	
NAME	, i		·			ADDRESS				
STREET ADDRESS						i i				
CITY-ST-ZIP			□ pc:	5.4 CI 6.1 TI	TY-\$1	1-417				[ Addition
TITLE			☐ DELETE	<b>I</b> •				☐ Cha	ange	Addition
NAME 113				6.2 N/						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP 7				6.4 CI	TY-S?	r-ziP				<u> </u>

14. I hereby certify that the information supplied with this tifing 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 supplied and a courage 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 of 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 one or stated with all other like empowered.

SIGNATURE:

HATURE AND TOPED DE RELIEFE NAME OF SIGNED OFFICER OR DIRECTOR

April 5, 1999

(305)824<u>-0</u>111

CR2E034 /11/6