

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

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Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P97000099778 (7)

1. Corporation Name
PROFESSIONAL NONATTORNEY SERVICES INC.



DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|--|--|
| Principal Place of Business 1825 N.E. 154TH TERRACE NORTH MIAMI BEACH FL 33162 | | Mailing Address 1825 N.E. 154TH TERRACE NORTH MIAMI BEACH FL 33162 | |
| 2. Principal Place of Business 21 1825 NE 154TH TERRACE, NAB Suite, Apt. #, etc. | | 2a. Mailing Address 26 1825 NE 154TH TERRACE Suite, Apt. #, etc. | |
| City & State 23 NORTH MIAMI BEACH, FL Zip 24 33162 | | City & State 27 NORTH MIAMI BEACH, FL Zip 29 33162 | |
| Country 25 DADE | | Country 30 DADE | |
| 3. Date Incorporated or Qualified 11/24/1997 | | 4. FEI Number 650803024 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent RUIZ QUEZADA, OSCAR ALBERTO 1825 N.E. 154TH TERRACE NORTH MIAMI BEACH FL 33162 | | 10. Name and Address of New Registered Agent | |
| 81 Name | | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 83 | | | |
| 84 City | | 85 Zip Code | |

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]* DATE 1-20-98
(NOTE: Registered Agent signature required when reinstating)

| | | | |
|----------------------------|-----------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUIZ QUEZADA, OSCAR ALBERTO | 1.2 NAME | |
| STREET ADDRESS | 1825 N.E. 154TH TERRACE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33162 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOMEZ, LUZ INES | 2.2 NAME | |
| STREET ADDRESS | 6369 BYRON AVE. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUIZ, RICARDS RAUL | 3.2 NAME | |
| STREET ADDRESS | 2310 N.W. 72ND AVE. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33123 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: *[Signature]* 1-20-98 305-945-7312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0226993

CR2E034 (10/97)