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

FILED Jul 28, 1999 8:00 am Secretary of State

07-28-1999 90008 021 ***150.00

DOCUMENT # P98000030073 1. Corporation Name	
PROFESSIONAL ENTERPRISE MANAGEMENT, INC.	

Principal Place	of Business	Mailing Address			t ibütiüüt iin türel iaili aalti aalli salis salis	TA (1316 AA161 BA411	\$5200 HKI 1981	
1000 BRICKELL MIAMI FL 33131	AVE STE. 480	1000 BRICKELŁ AVE., STE. 480 MIAMI FL 33131	0		DO NOT WRITE IN TH	S SPACE		
					3. Date Incorporated or Qualifed			Ì
					04/01/1998			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		oplied For	l
21		26			65-09331//		ot Applicable	ĺ
Suite, Apt. :	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		equired	
City & State	·	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip -	Country	Zlp	Counti	ry ————	8. This corporation owes the current year I	ntangible Yes	□No	l
24	25	29 30	<u> </u>		Personal Property Tax. 10. Name and Address of New Registere			ł
	9. Name and Address of Current	Registered Agent	8	1 Name	10. Name and Address of New Registere	a Agent	_	
PENA	A, CELESTINO		L					1
	BRICKELL AVE., STE. 480		8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)			-
	Al FL 33131		8	3	147°			
							Codo	ł
-			8	4 City	F	L 85 Zip	Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autho	orizea b	v tne corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its ointment as re	registered gistered	
SIGNATURE	·						· .	l
-	Signature, typed or printed name of registered agen		gistered Ag	ent signature requ	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	TRS IN 12	É
12.	OFFICERS AN	D DELETE	1.1 TITLE		ADDITIONS/CHANGES TO STITICERS	☐ Change	Addition	2
NAME.	Pena, C. Joseph		1.2 NAME					3
STREET ADDRESS	1000 BRICKELL AVE., STE. 480)	1.3 STRE	ET ADDRESS				Ì
C/TY-ST-ZIP	MIAMI FL 33131		1.4 CITY-	·ST-ZIP				í
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	(
NAME			2.2 NAME	=				Į
STREET ADDRESS			2.3 STRE	ET ADDRESS				
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP				-
TITLE		DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME	,		3.2 NAME	, t	•			İ
STREET ADDRESS				ET ADDRESS	•			
CITY-ST-ZIP		☐ DELETE	3.4. CITY 4.1 TITLE			Change	Addition	1
TITLE			4. 2 NAM				_	
NAME STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-					
TITLE		☐ DELETE	5.1 TITLE			Change	Addition]
NAME			5.2 NAME	E				
STREET ADDRESS	,		5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CfTY-	-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME	E				
STORET ANNOESS	}		6.3 STRE	ET ADDRESS				ì

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 14, 1999

PROFESSIONAL ENTERPRISE MANAGEMENT, INC. 1000 BRICKELL AVE., STE. 480 MIAMI, FL 33131

SUBJECT: PROFESSIONAL ENTERPRISE MANAGEMENT, INC.

Ref. Number: P98000030073

Please be advised, we have received your annual report for the above corporation; however, the report <u>has not been filed</u> and a copy is being returned for the following:

Please sign and return your check submitted with your annual report.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at 1-800-829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/vh ANNUAL REPORTS SECTION

Letter number: 399A00026791

Assistant Director's Office