

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90027 003 ***300.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000080297

1. Corporation Name
P.G.M.S., INC.



Principal Place of Business C/O WEISS, HERNANDEZ & CORDERO, P.A. 1401 BRICKELL AVENUE, SUITE 300 MIAMI FL 33131	Mailing Address C/O WEISS, HERNANDEZ & CORDERO, P.A. 1401 BRICKELL AVENUE, SUITE 300 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1252 KODMAN ST Suite, Apt. #, etc. 22 City & State 23 HOLLYWOOD FL Zip Country 24 33019 25 USA		2a. Mailing Address 26 1252 KODMAN ST Suite, Apt. #, etc. 27 City & State 28 HOLLYWOOD FL Zip Country 29 33019 30 USA		3. Date Incorporated or Qualified 09/11/1998	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WEISS, MICHAEL N ESQUIRE WEISS, HERNANDEZ & CORDERO, P.A. 1401 BRICKELL AVENUE, SUITE 300 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name PAUL A. GOLD 82 Street Address (P.O. Box Number is Not Acceptable) 1252 KODMAN ST. 83 84 HOLLYWOOD FL 85 Zip Code 33019	
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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 _____

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	OFFICER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLD, PAUL	1.2 NAME	GOLD, PAUL
STREET ADDRESS	C/O 1401 BRICKELL AVENUE, SUITE 300	1.3 STREET ADDRESS	1252 KODMAN ST
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	HOLLYWOOD FL 33019
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	OFFICER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, MARY	2.2 NAME	MARY GOLD
STREET ADDRESS	1401 BRICKELL AVENUE, SUITE 300	2.3 STREET ADDRESS	1252 KODMAN ST
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	HOLLYWOOD FL 33019
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/99

954-927 8125

Daytime Phone #

CR2E034 (11/98)