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 # P98000088643

1. Corporation Name

PGMC SERVICES CORP

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90218 009 ***150.00



Principal Place of Business Mailing Address					1 10011001 110 10111 10111 10111 10111	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
999 PONCE DE	999 PONCE DE LEON BLVD. #1	ON BLVD. #1110					
CORAL GABLES	S FL 33134	CORAL GABLES FL 33134			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					10/13/1998		j
2. Deineinal Di	ees of Business	2a. Mailing Address			4. FEI Number	I A	pplied For
2. Principal Place of Business 1 3591 NW 82AVE. 26 3591 NW			82 AVE.		65-0874510		ot Applicable
1	Suite, Apt. #, etc					Additional	
2	27	_		5. Certificate of Status Desired		equired	
City & State .		City & State			6. Election Campaign Financing	\$5.00	May Be
3 MIAMI, FL.		28 MIAMI, FL.			Trust Fund Contribution		to Fees
Zip _	Country	Zin Country		у	8. This corporation owes the current year In	tangible	
₄ 33.	122 25 11.5.4.	29 33/22 30	(1-5.A.	Personal Property Tax.	☐ Yes	□No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
				1 Name			
RAPOPORT, ALLEN J			82	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
	PONCE DE LEON BLVD. #1110						
COR	AL GABLES FL 33134		83	3		:	1
			84	4 City		85 Zip	Code
				1	FI		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	e abov	ve-named con	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo	f changing its sintment as r	s registered eaistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statute	S.	more board of directory. The objective appr		-3
SIGNATURE							
	Signature, typed or printed name of registered agent a			ent signature requi	ired when reinstating) DATE	ND DIDECT	ODC IN 12
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	D	_	I.1 TITLE				
NAME	LOPEZ, JOSE E SR.		I.2 NAME				İ
STREET ADDRESS	999 PONCE DE LEON BLVD. #1			ET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-1 2.1 TITLE			Change	Addition
TITLE			2.2 NAME				
NAME				1			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			·ST-ZIP		Change	☐ Addition
TITLE			3.1 TITLE			<u> </u>	_
NAME			3.2 NAME	ET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP			4 CITY			Change	Addition
TITLE			4. 2 NAME	- !			_
NAME				ET ADDRESS			
STREET ADDRESS			4.4 CITY-	1			
CITY-ST-ZIP TITLE			5.1 TITLE			Change	Addition
1			5.2 NAME	I			_
NAME				ET ADDRESS			
STREET ADDRESS			5.4 CITY-				
CITY-ST-ZIP TITLE			3.1 TITLE			Change	Addition
		_	5.2 NAME	.			Į
NAME STREET ADDRESS				ET ADDRESS			
STREET 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 apachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR