

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S24254** (2)

1. Corporation Name
PERSONNEL RESOURCES, INC.

Principal Place of Business: **2850 DOUGLAS RD. CORAL GABLES FL 33134**
Mailing Address: **2850 DOUGLAS RD. CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/11/1991**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0237996	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

**HARRIS, CHRISTINA D., ESQ.
2850 DOUGLAS RD.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.150B, 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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHT, STEVEN R.	1.2 NAME	
STREET ADDRESS	2850 DOUGLAS RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHT, RICHARD B.	2.2 NAME	
STREET ADDRESS	2850 DOUGLAS RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALADRIGAS, CARLOS A	3.2 NAME	
STREET ADDRESS	2850 DOUGLAS RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JOSE M.	4.2 NAME	
STREET ADDRESS	2850 DOUGLAS RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOONAN-RAY	5.2 NAME	
STREET ADDRESS	2850 DOUGLAS RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	5.4 CITY - ST - ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, CHRISTINA D. ESQ	6.2 NAME	
STREET ADDRESS	2850 DOUGLAS RD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	6.4 CITY - ST - ZIP	

900001498139
-05/24/95--01052--002
*****2000.00 ***200.00**

REMITTED BY MAY 1

TIO 5/19/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *[Signature]* **JOSE M SANCHEZ** **5/10/95**
DATE: _____ (Date) (Date)