

**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 Mailing Address  
**2850 DOUGLAS RD. 2850 DOUGLAS RD.**  
**CORAL GABLES FL 33134 CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

|   |  |  |  |
|---|--|--|--|
| 3. Date Incorporated or Qualified<br><b>01/11/1991</b>  |  | 3a. Date of Last Report<br><b>04/29/1994</b>                                       |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country   |  | 2a. Mailing Address<br>25 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country |  |
| 4. FEI Number<br><b>65-0237996</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required  |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |  | <b>\$5.00</b> May Be Added to Fees   |  |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |

|   |  |   |  |  |  |             |  |
|---|--|---|--|--|--|-------------|--|
| 9. Name and Address of Current Registered Agent<br><b>HARRIS, CHRISTINA D., ESQ.</b><br><b>2850 DOUGLAS RD.</b><br><b>CORAL GABLES FL 33134</b> |  |   |  | 10. Name and Address of New Registered Agent |  |             |  |
| B1 Name   |  | B2 Street Address (P.O. Box Number is Not Acceptable) |  | B3   |  | B4 City     |  |
|   |  |   |  | FL   |  | B5 Zip Code |  |

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<br><b>LIGHT, STEVEN R.</b><br><b>2850 DOUGLAS RD.</b><br><b>CORAL GABLES FL 33134</b>               | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D</b><br><b>LIGHT, RICHARD B.</b><br><b>2850 DOUGLAS RD.</b><br><b>CORAL GABLES FL 33134</b>        | 1.2 NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | <b>TD</b><br><b>SALADRIGAS, CARLOS A</b><br><b>2850 DOUGLAS RD.</b><br><b>CORAL GABLES FL 33134</b>    | 1.3 STREET ADDRESS                                    | <b>900001498139</b>   |
| CITY - ST - ZIP            | <b>D</b><br><b>SANCHEZ, JOSE M.</b><br><b>2850 DOUGLAS RD.</b><br><b>CORAL GABLES FL 33134</b>         | 1.4 CITY - ST - ZIP                                   | <b>-05/24/95--01052--002</b>                                      |
| TITLE                      | <b>D</b><br><b>NOONAN RAY</b><br><b>2850 DOUGLAS RD.</b><br><b>CORAL GABLES FL 33134</b>               | 2.1 TITLE   | <b>***2000.00 ***200.00</b>                                       |
| NAME                       | <b>S</b><br><b>HARRIS, CHRISTINA D. ESQ</b><br><b>2850 DOUGLAS RD.</b><br><b>CORAL GABLES FL 33134</b> | 2.2 NAME  |   |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |  | 3.1 TITLE   |   |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |  | 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                      |  | 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                      |  | 6.1 TITLE   |   |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 6.4 CITY - ST - ZIP                                   |   |

**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: *JOSE M SANCHEZ* 5/10/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)