

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
01/11/1991

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0237996

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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
William F. Cueto

82 Street Address (P.O. Box Number is Not Acceptable)
2850 Douglas Road

83

84 City
Coral Gables, FL

85 Zip Code
33134

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 **William F. Cueto, Associate Counsel** DATE **4/24/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LIGHT, STEVEN R.	
STREET ADDRESS	2850 DOUGLAS RD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIGHT, RICHARD B.	
STREET ADDRESS	2850 DOUGLAS RD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SALADRIGAS, CARLOS A	
STREET ADDRESS	2850 DOUGLAS RD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANCHEZ, JOSE M.	
STREET ADDRESS	2850 DOUGLAS RD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARRIS, CHRISTINA D ESQ	
STREET ADDRESS	2850 DOUGLAS RD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARRIS, CHRISTINA D. ESQ	
STREET ADDRESS	2850 DOUGLAS RD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carlos A. Saladrigas	
1.3 STREET ADDRESS	2850 Douglas Road	
1.4 CITY-ST-ZIP	Coral Gables, FL 33134	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jose M. Sanchez	
2.3 STREET ADDRESS	2850 Douglas Road	
2.4 CITY-ST-ZIP	Coral Gables, FL 33134	
3.1 TITLE	Treasurer & Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Martin J. Perez	
3.3 STREET ADDRESS	2850 Douglas Road	
3.4 CITY-ST-ZIP	Coral Gables, FL 33134	
4.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	William F. Cueto	
4.3 STREET ADDRESS	2850 Douglas Road	
4.4 CITY-ST-ZIP	Coral Gables, FL 33134	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	500001801985	
5.4 CITY-ST-ZIP	-04/30/96--0111--026	
6.1 TITLE	***200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(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 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.

SIGNATURE: *Christina D. Harris* DATE: **4/24/96** (305) 460-2350

CR2E034 (12/95)

4/30/96