


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90133 015 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # S24254

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

| | |
|--|---|
| 2. Principal Place of Business 21 SAME | 2a. Mailing Address 26 10200 SUNSET DR. |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 MIAMI, FL |
| Zip 24 | Country 25 |
| Zip 29 33173 | Country 30 MIAMI-DADE |

| | | |
|--|---|--|
| 3. Date Incorporated or Qualified 01/11/1991 | 4. FEI Number 65-0237996 | Applied For <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

MARSTON, ELIZABETH J.
2850 DOUGLAS RD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

| | |
|-----------------------------|--|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) 10200 SUNSET DR. |
| 83 | 84 City MIAMI |
| 85 Zip Code 33173 | 86 State FL |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | MARSTON, ELIZABETH J. | |
| STREET ADDRESS | 2850 DOUGLAS RD. | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | CFO | <input type="checkbox"/> DELETE |
| NAME | RODRIGUEZ, CARLOS A | |
| STREET ADDRESS | 2850 DOUGLAS RD. | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | CEO | <input type="checkbox"/> DELETE |
| NAME | SALADRIGAS, CARLOS A | |
| STREET ADDRESS | 2850 DOUGLAS RD. | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | SANCHEZ, JOSE M. | |
| STREET ADDRESS | 2850 DOUGLAS RD. | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | TS | <input type="checkbox"/> DELETE |
| NAME | PEREZ, MARTIN | |
| STREET ADDRESS | 2850 DOUGLAS RD. | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | CARLEN, JOHN T | |
| STREET ADDRESS | 2850 DOUGLAS RD. | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | } SAME AS ABOVE |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | } SAME AS ABOVE |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | } SAME AS ABOVE |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | } SAME AS ABOVE |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | } SAME AS ABOVE |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | } SAME AS ABOVE |
| 6.3 STREET ADDRESS | |
| 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:  **WILLIAM F. CUETO** Date _____ (305) 630-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASST. SECRETARY Daytime Phone #

CR2E034 (1/198)