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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S68473 1. Corporation Name

Principal Place of Business

PROCUREMENT SERVICES OVERSEAS INC. (P.S.O.I.)

2000 S. OCEAI APT. 6 L	N BLVD.	2000 S. OCEAN BLVD. APT. 6 L						
POMPANO BEACH FL 33062		POMPANO BEACH FL 33062		DO NOT WRITE IN THIS SPACE				
		•			3. Date Incorporated or Qualifed 07/18/1991	,,,		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Арг	olied For
21		26		NOT APPLICABLE			Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8		dditional	
22		27		5. Certifcate of Status Desired	•	Fee Re		
City & State		City & State		6. Election Campaign Financing	\$	5 00	Mav Be	
23		28		Trust Fund Contribution	•	Added to	•	
Zip	Country		Country	, <u> </u>	8. This corporation owes the current ye	<del></del>		<del></del>
24	25	29 30			Personal Property Tax.	ďΥ		⊠No '
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Regist	tered Agen	t	
			81	Name				
4.11	IIREZ, MARTHA C.		82	Ctroot Add	trace (P.O. Box Number is Not Acceptable)			
2920 SW 141 COURT		62		Street Addi	treet Address (P.O. Box Number is Not Acceptable)			
MIAM	MI FL 33175		83			73.45.4		14 4 5 1 1 6 1
						1. 建建筑		4.54.11
		•	84	City ·	· · · · · · · · · · · · · · · · · · ·	FL 85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, th	he above	le-named corp	poration submits this statement for the purpo	se of chang	l aing its i	registered
i office or n	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was author	rized by	the corporation	ion's board of directors. I hereby accept the	appointmen	t as reg	istered
SIGNATURE	Standard hand or printed name of registered agent	and this if applicable (NOTE: Page	-tared Ager	-1 -ianat va remire	DA Calcatellaci	70		
	Signature, typed or printed name of registered agent			nt signature require	ed when reinstating) DA ADDITIONS/CHANGES TO OFFICE		PECTO	2S IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent OFFICERS ANI	D DIRECTORS	13.	nt signature require	ADDITIONS/CHANGES TO OFFICER	RS AND DIF		RS IN 12
12. TITLE	OFFICERS AND	D DIRECTORS	13. 1.1 TITLE	nt signature require		RS AND DIF	RECTOR hange	
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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:

OR DIRECTOR

January 24/99 (305) 987 4558

**FILED** 

Feb 12, 1999 8:00am

**Secretary of State** 

02-12-1999 90019 001 \*\*\*158.75