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FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **V48459** (4)

1. Corporation Name  
**PROFESSIONAL ACCOUNTING SERVICES, INC.**

Principal Place of Business

**7851 SW 40TH STREET**  
~~9455-0000~~  
**MIAMI FL 33155**  
**US**

Mailing Address

**7851 SW 40TH STREET**  
~~MIAMI FL 33155~~  
**MIAMI FL 33155-6752**  
**US**

3. Date Incorporated or Qualified  
**06/30/1992**

3a. Date of Last Report  
**04/02/1996**

2. Principal Place of Business

21 **7951 SW 40<sup>th</sup> ST**

Suite, Apt. #, etc.

22 **SUITE 206**

City & State

23 **MIAMI FL 3**

Zip

24 **33155**

Country

25 **USA**

2a. Mailing Address

26 **7951 SW 40<sup>th</sup> ST**

Suite, Apt. #, etc.

27 **SUITE 206**

City & State

28 **MIAMI FL**

Zip

29 **33155**

Country

30 **US**

4. FEI Number

**65-0340768**

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

9. Name and Address of Current Registered Agent

**DIAZ, OSUALDO J**  
**7951 SW 40TH ST**  
**SUITE 208B**  
**MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name

**DIAZ OSUALDO J**

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

**7951 SW 40<sup>th</sup> ST**

83

**SUITE 206**

84 City

**MIAMI FL**

85

Zip Code

**33155**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/17/97**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **DIAZ, OSUALDO J**  
STREET ADDRESS **7951 SW 40TH ST STE 208B**  
CITY - ST - ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **DIAZ, LETICIA B**  
STREET ADDRESS **7951 SW 40TH ST STE 208B**  
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/97**  
Date

**305 261 6257**  
Daytime Phone #

0200875

CR2E034 (9/96)