

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

FILED
Jan 30 1996 8:00 am
Secretary of State

DOCUMENT # 429935

130-96 B-0531-C
(0)

1. Corporation Name
PROSE MANAGEMENT, INC.



Principal Place of Business: 1 N.E. 1 ST., S-700 C/O SMITH & MANDLER MIAMI FL 33132
Mailing Address: 1 N.E. 1 ST., S-700 C/O SMITH & MANDLER MIAMI FL 33132

3. Date Incorporated or Qualified: 07/06/1973
3a. Date of Last Report: 02/13/1995

2. Principal Place of Business: 21 2055 S.W. 122 Ave
2a. Mailing Address: 26 P.O. Box 653809

4. FEI Number: 59-1468361
Applied For: Not Applicable

22. Suite, Apt., etc.: 128
27. Subv. Apt. #, etc.:
23. City & State: MIAMI, FL
28. City & State: MIAMI, FL

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

24. Zip: 33175
25. Country:
29. Zip: 33265
30. Country:

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

24. Zip: 33175
25. Country:
29. Zip: 33265
30. Country:

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSEN, PAUL
1 N.E. 1 ST., S-700
MIAMI FL 33132

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code

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 of Registered Agent or New Registered Agent (Not Applicable)

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY - ST - ZIP	15. DELETE
PD	ROSEN, PAUL E	35 S. HIBISCUS DRIVE	MIAMI BEACH FL	<input type="checkbox"/>
SDT	ROSEN, JUDITH S	35 S. HIBISCUS DRIVE	MIAMI BEACH FL	<input type="checkbox"/>
Vice-President	Wendi R. Rosen	1 N.E. 1st St #700	MIAMI, FL 33132	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY - ST - ZIP	15. DELETE	16. CHANGE	17. ADDITION
Vice-President	Wendi R. Rosen	1 N.E. 1st St #700	MIAMI, FL 33132	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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, and 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 attachment with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL ROSEN

1/25/96

(305) 226-9200

CR2E034 (12/95)