

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

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **429935** (0)

1. Corporation Name

PROSE MANAGEMENT, INC.



Principal Place of Business

2055 SW 122 AVENUE
128
MIAMI FL 33175
US

Mailing Address

POST OFFICE BOX 653809
C/O SMITH & MANDLER
MIAMI FL 33262
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1973

4. FEI Number

59-1468361

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21. **ONE N.E. FIRST ST**

Suite, Apt. #, etc.

22. **SUITE #700**

City & State

23. **MIAMI, FLORIDA**

Zip

24. **33132**

Country

25. **DADE**

2a. Mailing Address

26. **ONE N.E. FIRST ST.**

Suite, Apt. #, etc.

27. **SUITE #700**

City & State

28. **MIAMI, FLORIDA**

Zip

29. **33132**

Country

30. **DADE**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME **ROSEN, PAUL E**

STREET ADDRESS **35 S. HIBISCUS DRIVE**

CITY-ST-ZIP **MIAMI BEACH FL**

TITLE SDT ☐ DELETE

NAME **ROSEN, JUDITH S**

STREET ADDRESS **35 S. HIBISCUS DRIVE**

CITY-ST-ZIP **MIAMI BEACH FL**

TITLE VP ☐ DELETE

NAME **ROSEN, WENDI R.**

STREET ADDRESS **1 NE 1ST STREET #700**

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

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Declarative Phrase

CR2E034 (10/97)