

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K77830 (3)**

1. Corporation Name
PRS INTERNATIONAL OVERSEAS, INC.



Principal Place of Business Mailing Address
**% JOHN SULLIVAN
801 BRICKELL AVE. SUITE 1301
MIAMI FL 33131**

2. Principal Place of Business 2a. Mailing Address
21 **701 Brickell Avenue** 26 **701 Brickell Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 850** 27 **Suite 850**
City & State City & State
23 **Miami, Florida** 28 **Miami, Florida**
Zip Country Zip Country
24 **33131** 25 **USA** 29 **33131** 30 **USA**

3. Date Incorporated or Qualified **04/05/1989** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0113832** 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

10. Name and Address of New Registered Agent

**SULLIVAN, JOHN
801 BRICKELL AVE
SUITE 1301
MIAMI FL 33131**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue
83 **Suite 850**
84 City **Miami** FL 85 Zip Code **33131**

11. Pursuant to the provisions of Sections 607.0602 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 607.0501, Florida Statutes.

SIGNATURE

Signature typed or printed in block and signed by the signatory

(NOTE: Signatory must be a resident of the State of Florida)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FREILE, GONZALO R.	
STREET ADDRESS	801 BRICKELL AVE, #1301	
CITY-ST-ZIP	MIAMI FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SULLIVAN, JOHN	
STREET ADDRESS	801 BRICKELL AVE, #1301	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	701 Brickell Avenue, Suite 850
14 CITY-ST-ZIP	Miami, Florida 33131
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	701 Brickell Avenue, Suite 850
24 CITY-ST-ZIP	Miami, Florida 33131
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	500001822615
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-05/15/96--01055--031
63 STREET ADDRESS	***600.00
64 CITY-ST-ZIP	28/5.1

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)(c), 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: **John S. Sullivan/ Director**

John S. Sullivan

04/26/96 (305) 381-8340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE (Month/Day/Year) PHONE NUMBER

CR2E084 (12/95)