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**Mar 25 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 # K77830 (3)

1. Corporation Name
PRS INTERNATIONAL OVERSEAS, INC.



Principal Place of Business
**701 BRICKELL AVE., STE 850
MIAMI FL 33131**

Mailing Address
**701 BRICKELL AVE., STE 850
MIAMI FL 33131-2851**

3. Date Incorporated or Qualified **04/05/1989** 3a. Date of Last Report **05/01/1996**
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

2. Principal Place of Business
21. State and #. Inc. 22. City & State 23. Zip Country 24. 25. 26. Mailing Address 27. Suite Apt. #, etc. 28. City & State 29. Zip Country 30.

**SULLIVAN, JOHN
701 BRICKELL AVE., STE 850
MIAMI FL 33131**

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 of the corporation with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (INDICATE: Registered Agent signature required when mandating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **DP
FREILE, GONZALO R.**
STREET ADDRESS **701 BRICKELL AVE., STE 850**
CITY-STATE-ZIP **MIAMI FL 33131**
TITLE DELETE
NAME **DST
SULLIVAN, JOHN**
STREET ADDRESS **701 BRICKELL AVE., STE 850**
CITY-STATE-ZIP **MIAMI FL 33131**
TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 included 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JOHN S. SULLIVAN DST 3/14/97 205 244-8340**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)