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

PRQFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # P9300	0038510 (2)				
	NVESTMENTS CORP.	· /				
Principal Place of Business Mailing Address					ארסים בונופסי אונוסס וונוסס בגוונג פסורסי תנגו נפסורסטו נ	#B 11101 10101 81101 11011 0011 1001
2665 S BAYSHORE DR 2665 S BAYSHOR						
SUITE 902		SUITE 902			DO NOT WRITE IN T	THIS SPACE
MIAMI FL 33133 US		MIAMI FL 33133 US			3. Date Incorporated or Qualified	
					05/27/1993	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21 26					85-0450212	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	<del></del> 7		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	
23		} — ¬ ′	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	у	8. This corporation owes or has paid th	<del></del>
24	25	29	30		Personal Property Tax due June 30.	Yes Vo
	9, Name and Address of Curre	nt Registered Agent	81	T No	10. Name and Address of New Registe	red Agent
ORTIZ, MICHAEL			81	Name		
2665 SO. BAYSHORE DRIVE			82	82 Street Address (P.O. Box Number is Not Acceptable)		]
STE 902 MIAMI FL 33133			83			
MIA	MI FL 33 133					
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the abov	re-riamed cor	poration submits this statement for the purpo	ose of changing its registered
agent. La	agistered agent, or both, in the State m familiar with, and accept the oblig	a of Florida. Such change was gations of, Section 607.0505, Fl	authorized by Iorida Statute	y me corpora s.	ition's board of directors. I hereby accept the	appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered agent and title it applicable (NOTE  OFFICERS AND DIRECTORS		If: Registered Ag-	ent signature requ	ired when reinstating) 0/ ADDITIONS/CHANGES TO OFFICERS	AND DIDECTORS IN 12
TITLE	DVP	DELETE 1			ADDITIONS/CHANGES TO OFFICE IN	Change Addition
NAME	QUINTERO, CARLOS Y	1.2 N				
STREET ADDRESS	6942 NW 50TH STREET	1.3 5		T ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.40		ST-ZIP		
TITLE	DV	DELETE 2.1 TI				Change Addition
NAME	QUINTERO, ANDRES YIDI			į .		
STREET ADDRESS	6942 N.W. 50TH STREET	STREET 23S		t address		
CITY-ST-Z#P	MIAMI FL			ST-ZIP		Change Addition
TITLE	d <b>ps</b> Quintero, William yidi	DELETÉ 3.1 TIT				Change Addition
STREET ADDRESS	6942 N.W. 50TH STREET			I ADDRESS		
CITY-ST-ZIP	MIAMI FL			ST-ZIP		Ì
TITLE	*** <u>**********************************</u>	DELETE 4.1 TI				Change Addition
NAME		4.2 N/				
STREET ADDRESS	438		4.3 STREET	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	ST - ZIP		
TITLE	the state of the s		5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP TITLE			5.4 CITY - S 6.1 TITLE	S1- ZIP		Change Addition
NAME		occent	6.2 NAME	1		
STREET ADDRESS			6.3 STREET	T ADDRESS		ļ
0/7/ OT 70			64874	27		<b>\</b>

14. I 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 qn an altachment with a laddress.

**FILED** 

Apr 23 1998 8:00am

Secretary of State