

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000045407 (2)
1. Corporation Name

PRESTIGE VENTURES, INC.



Principal Place of Business: 4630 S KIRKMAN RD STE 309 ORLANOD FL 32811 US
Mailing Address: 4630 S KIRKMAN RD STE 309 ORLANOD FL 32811 US

3. Date Incorporated or Qualified: 06/28/1993
3a. Date of Last Report: 06/26/1995

2. Principal Place of Business: 507 NORTH NEW YORK AVE, Suite 302, Winter Park, FL 32789, USA
2a. Mailing Address: 507 NORTH NEW YORK AVE, Suite 302, Winter Park, FL 32789, USA

4. FEI Number: 59-3191324
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: F & L CORP. THE GREENLEAF BUILDING THIRD FLOOR 200 LAURA ST JACKSONVILLE FL 32201-0240

10. Name and Address of New Registered Agent: 81 Name: Douglas Rosen
82 Street Address: 507 NORTH NEW YORK AVE
83 Suite 302
84 City: Winter Park, FL 85 Zip Code: 32789

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] Douglas Rosen 7/22/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	ROSEN, STEPHEN	
STREET ADDRESS	247 W 87	
CITY - ST - ZIP	NEW YORK NY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RUBENSTEIN, JOSEPH	
STREET ADDRESS	247 W. 15TH ST.	
CITY - ST - ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROSEN, DOUGLAS	
STREET ADDRESS	2233 S. KIRKMAN RD #83	
CITY - ST - ZIP	ORLANDO FL	
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	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
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	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Douglas Rosen 7/19/96 407-232-5813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)