

FILE NOW: FILING FEE AFTER MAY 1 IS \$ 5.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000058681 (5)

1. Corporation Name
PRO SOLVE INC.



Principal Place of Business: **9392 SW 77 AVE. E3 MIAMI FL 33156**
Mailing Address: **9392 SW 77 AVE. E3 MIAMI FL 33156**

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

3. Date Incorporated or Qualified 08/05/1994	3a. Date of Last Report 04/04/1995
4. FEI Number 65-0518429	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KASPER, KATHLEEN G
9392 SW 77 AVE, E3
MIAMI FL 33156**

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 _____ DATE _____
Signature typed or printed name of registered agent and FEI, if applicable. (Print) Registered Agent Signature and Date (if not typed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASPER, MARTIN	2. NAME	
STREET ADDRESS	9123 SW 78 PLACE	3. STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	4. CITY- ST- ZIP	
TITLE	C	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASPER, KATHLEEN G	22. NAME	
STREET ADDRESS	9392 SW 77 AVE., #E-3	23. STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	24. CITY- ST- ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY- ST- ZIP		34. CITY- ST- ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 205-273-3939
Date of Filing

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