

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**

**Sep 11 1997 8:00am  
Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P94000058681 (5)**  
 1. Corporation Name  
**PRO SOLVE INC.**



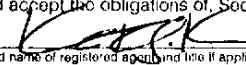
Principal Place of Business <b>9392 SW 77 AVE. E3 MIAMI FL 33156</b>	Mailing Address <b>9392 SW 77 AVE. E3 MIAMI FL 33156</b>
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/05/1994</b>		3a. Date of Last Report <b>04/04/1996</b>	
2. Principal Place of Business 21 <b>9440 SW 65 ST</b>	2a. Mailing Address 26 <b>9440 SW 65 ST</b>	4. FEI Number <b>65-0518429</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 City & State <b>MIAMI, FL 33</b>	28 City & State <b>MIAMI, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip <b>33173</b>	25 Country	29 Zip <b>33173</b>	30 Country
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

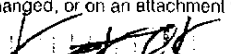
9. Name and Address of Current Registered Agent <b>KASPER, KATHLEEN G 9392 SW 77 AVE, E3 MIAMI FL 33156</b>				10. Name and Address of New Registered Agent			
				81 Name	<b>KATHLEEN G. KASPER</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>9440 SW 65 ST</b>		
				83			
				84 City	<b>MIAMI</b>	85 State	<b>FL</b>
						86 Zip Code	<b>33173</b>

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:  9/6/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KASPER, MARTIN</b>			1.2 NAME			
STREET ADDRESS	<b>9123 SW 78 PLACE</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>C</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KASPER, KATHLEEN G</b>			2.2 NAME	<b>KASPER, KATHLEEN G</b>		
STREET ADDRESS	<b>9392 SW 77 AVE., #E-3</b>			2.3 STREET ADDRESS	<b>9440 SW 65 ST</b>		
CITY-ST-ZIP	<b>MIAMI FL</b>			2.4 CITY-ST-ZIP	<b>MIAMI, FL 33173</b>		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-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 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:  **KATHLEEN G. KASPER** 9/6/97 315-373-2929

CR2E034 (4/97)