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Mar 12 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 # P94000066106 (3)

1. Corporation Name
PROACTIVE CORPORATION



Principal Place of Business

Mailing Address

**520 BRICKELL KEY DR
 MIAMI FL 33131**

**520 BRICKELL KEY DR
 MIAMI FL 33131-2660**

3. Date Incorporated or Qualified **09/08/1994** 3a. Date of Last Report **04/17/1996**

21	2a. Mailing Address	26
6421 CONGRESS AVE.	6421 CONGRESS AVE.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
SUITE 114	SUITE 114	
City & State	City & State	
BOCA RATON, FL	BOCA RATON, FL	
Zip	Zip	Country
33487	33487	USA

4. FEI Number	Applied For
65-0521771	<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		10. Name and Address of New Registered Agent	
FREEMAN, STEPHEN A 520 BRICKELL KEY DR SUITE 0-305 MIAMI FL 33131		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILHO, CELSO M C	1.2 NAME	CAMARGO, CELSO M
STREET ADDRESS	520 BRICKELL KEY DR SUITE 0-305	1.3 STREET ADDRESS	6421 CONGRESS AVE - STE 114
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	BOCA RATON, FL, 33487
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMARGO, GLAUCIA	2.2 NAME	CAMARGO, GLAUCIA
STREET ADDRESS	520 BRICKELL KEY DR., #305	2.3 STREET ADDRESS	6421 CONGRESS AVE - STE 114
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	BOCA RATON, FL 33487
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: *[Signature]* **CELSON M CAMARGO** 3-14-97 (812) 241-4456

CR2E034 (9/96)