

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000058503
1. Corporation Name
PRO ENTERPRISES, INC.

Principal Place of Business Mailing Address
3971 S.W. 8 St STE 206
Miami, Fl. 33134 SAME

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 3971 S.W. 8 St | 26 3971 S.W. 8 St |
| Suite, Apt. #, etc | Suite, Apt. #, etc. |
| 22 206 | 27 206 |
| City & State | City & State |
| 23 Miami, Fl 33134 | 28 Miami, Fl 33134 |
| Zip | Zip |
| 24 33134 | 29 33134 |
| Country | Country |
| 25 DADE | 30 DADE |

3. Date Incorporated or Qualified 8/9/95
3a. Date of Last Report
4. FEI Number 65-0615120 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

BRANA ARMANDO
3971 SW 8ST
STE 206
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 *[Signature]*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating) DATE 7/22/96

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | OSVALDO HERNANDEZ <input checked="" type="checkbox"/> DELETE |
| NAME | 2790 W 60 ST APT 4 PRS. |
| STREET ADDRESS | MICLEAH FL 33116 |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | MARIA C. CAULA PRS. |
| 1.3 STREET ADDRESS | 1800 SW 104 AVE |
| 1.4 CITY-ST-ZIP | MIAMI FL 33185 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | 400001906534 |
| 6.3 STREET ADDRESS | -07/29/96--01014--030 |
| 6.4 CITY-ST-ZIP | ***200.00 |

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: *Maria C. Caula*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96 305-552-15-86
Date Daytime Phone #