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Feb 11 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 # P95000084222 (5)

1. Corporation Name  
PROSA, INC.



Principal Place of Business

8006 SW 149TH AVE #D-301  
MIAMI FL 33193

Mailing Address

8006 SW 149TH AVE #D-301  
MIAMI FL 33193-0146

3. Date Incorporated or Qualified  
10/30/1995

3a. Date of Last Report  
06/19/1996

2. Principal Place of Business

21 5918 W. 20th AVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 5918 W. 20th AVE  
Suite, Apt. #, etc.

4. FEI Number

65-0620952

Applied For  
Not Applicable

22 City & State

23 HIALEAH, FL

27 City & State

28 HIALEAH, FL

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

5.00 May Be Added to Fees

24 33016 Country US

29 33016 Country US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

ESPINOSA, RAUL  
8006 SW 149TH AVE #D-301  
MIAMI FL 33193

10. Name and Address of New Registered Agent

81 Name RAUL ESPINOSA  
82 Street Address (P.O. Box Number is Not Acceptable) 5918 N. 20th AVE  
83  
84 City MIAMI FL 85 Zip Code 33016

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] DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	ESPINOSA, RAUL
STREET ADDRESS	8006 SW 149TH AVE #D-301
CITY - ST - ZIP	MIAMI FL
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	
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	P/D/F RAUL ESPINOSA
1.3 STREET ADDRESS	5918 W. 20th AVE.
1.4 CITY - ST - ZIP	HIALEAH, FL 33016
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP / S FLORENCIA ESPINOSA
2.3 STREET ADDRESS	5918 W. 20th AVE
2.4 CITY - ST - ZIP	HIALEAH, FL 33016
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	
6.3 STREET ADDRESS	
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] DATE: 1/24/97 (305) 823-9600

CR2E034 (9/96)