

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000069617 (4)

1. Corporation Name
PROKINI COMMUNICATIONS INC.



Principal Place of Business 13550 SW 182 ST. MIAMI FL 33177	Mailing Address 13550 SW 182 ST. MIAMI FL 33177-7126
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3. Date Incorporated or Qualified 08/21/1996	3a. Date of Last Report
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 65-0688425	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GONONADO, NESTOR 7300 CORAL WAY, STE. 21 MIAMI FL 33155		10. Name and Address of New Registered Agent 81 Name SANTOS, JOSE J. 82 Street Address (P.O. Box Number is Not Acceptable) 13550 SW 182 ST 83 84 City MIAMI FL 85 Zip Code 33177	
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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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANTOS, SUSANA		1.2 NAME SANTOS, Jose J.	
STREET ADDRESS 13550 SW 182 ST.		1.3 STREET ADDRESS 13550 SW 182 ST	
CITY-ST-ZIP MIAMI FL 33177		1.4 CITY-ST-ZIP MIAMI FL 33177	
TITLE DV	<input type="checkbox"/> DELETE	2.1 TITLE DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SANTOS, JOSE J		2.2 NAME PEÑA, Pedro J.	
STREET ADDRESS 13550 SW 182 ST.		2.3 STREET ADDRESS 9045 SW 168 CT	
CITY-ST-ZIP MIAMI FL 33177		2.4 CITY-ST-ZIP MIAMI FL 33196	
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]* DATE: **01-14-97** DAYTIME PHONE: **305-903-9109**

CR2E034 (9/96)