

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000082092 (3)
 1. Corporation Name
PROMESA CORPORATION



Principal Place of Business 21 AUTUMN BREEZE WAY WINTER PARK FL 32792	Mailing Address 21 AUTUMN BREEZE WAY WINTER PARK FL 32792
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/01/1996	
21 11972 Hatcher CR.	26 P.O. Box 32877	4. FEI Number 59-3404522		Applied For Not Applicable	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Orlando, FL	28 Orlando, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 32824	25 USA	29 32877-1057	30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent POSTIGO, JOSE A 21 AUTUMN BREEZE WAY - 11972 Hatcher CR. WINTER PARK FL 32792 - Orlando, FL 32824				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 11972 Hatcher Circle	
83				84 City Orlando	
				85 State FL	
				86 Zip Code 32824	

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 D	<input type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POSTIGO, JOSE A		1.2 NAME	
STREET ADDRESS 21 AUTUMN BREEZE WAY		1.3 STREET ADDRESS 11972 Hatcher CR.	
CITY-ST-ZIP WINTER PARK FL 32792		1.4 CITY-ST-ZIP Orlando, FL 32824	
TITLE M	<input type="checkbox"/> DELETE	2.1 TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTELL, DELLY		2.2 NAME	
STREET ADDRESS 21 AUTUMN BREEZE WAY		2.3 STREET ADDRESS 11972 Hatcher CR.	
CITY-ST-ZIP WINTER PARK FL		2.4 CITY-ST-ZIP Orlando, FL 32824	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POSTIGO, MELISSA		3.2 NAME	
STREET ADDRESS 21 AUTUMN BREEZE WAY		3.3 STREET ADDRESS 11972 Hatcher CR.	
CITY-ST-ZIP WINTER PARK FL		3.4 CITY-ST-ZIP Orlando, FL 32824	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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]* **Jose A. Postigo** 1/19/98 (407)240-3195

CR2E034 (10/97)