

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

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Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000058484

1. Corporation Name
PROPER COMPOSITION INC.
261 NAVARRE AVENUE # 204
CORAL GABLES FLORIDA 33134

Principal Place of Business Mailing Address
261 NAVARRE AVE # 204 261 NAVARRE AVENUE # 204
Coral Gables Florida 33134 CORAL GABLES FLORIDA 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		65-0764921	
22 City & State		27 City & State		5. Certificate of Status Deskrol <input checked="" type="checkbox"/> \$8.75 Fee	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 Added	
24		25		29	
				30	
3. Date Incorporated or Qualified				8. This corporation owes or has paid the current year by Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	
07-03-97					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				61 Name ORLANDO GARCIA			
				62 Street Address (P.O. Box Number is Not Acceptable) 261 Navarre Avenue # 204			
				63			
				64 City Coral Gables FL 33134			

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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* 04-27-98
 (NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P, VP, Sect, Tres. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change
NAME	Mara Gonzalez	1.2 NAME	Orlando Garcia
STREET ADDRESS	2742 S.W. 8 st # 201	1.3 STREET ADDRESS	261 Navarre Avenue # 204
CITY-ST-ZIP	Miami FL 33135	1.4 CITY-ST-ZIP	Coral Gables Fl. 33134
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V. President, Sec, Tres. <input type="checkbox"/> Change
NAME		2.2 NAME	Mara Gonzalez
STREET ADDRESS		2.3 STREET ADDRESS	261 Navarre Avenue # 204
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Coral Gables Florida 33134 <input type="checkbox"/> Change
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
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
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
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	
NAME		6.2 NAME	600002550856 <input type="checkbox"/> Change
STREET ADDRESS		6.3 STREET ADDRESS	06/08/98--01049--001
CITY-ST-ZIP		6.4 CITY-ST-ZIP	*158.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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; that I am a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name or the name of the corporation is attached to this report with an address.

SIGNATURE *[Signature]* 04-27-98