

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State

**FILED**  
Jan 30 1996 8:00 am  
Secretary of State

DOCUMENT # 429935

130-96 B-0531-C  
(0)

1. Corporation Name  
**PROSE MANAGEMENT, INC.**



Principal Place of Business: 1 N.E. 1 ST., S-700 C/O SMITH & MANDLER MIAMI FL 33132  
Mailing Address: 1 N.E. 1 ST., S-700 C/O SMITH & MANDLER MIAMI FL 33132

3. Date Incorporated or Qualified: 07/06/1973  
3a. Date of Last Report: 02/13/1995

2. Principal Place of Business: 21 2055 S.W. 122 Ave, 22 128, 23 MIAMI, FL, 24 33175  
2a. Mailing Address: 26 P.O. Box 653809, 27, 28 MIAMI, FL, 29 33265, 30

4. FEI Number: 59-1468361  
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: ROSEN, PAUL, 1 N.E. 1 ST., S-700, MIAMI FL 33132

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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] (NOTE: Registered Agent signature required when re-registering) DATE:

12. OFFICERS AND DIRECTORS

11.1 TITLE	PD	<input type="checkbox"/> DELETE
11.2 NAME	ROSEN, PAUL E	
11.3 STREET ADDRESS	35 S. HIBISCUS DRIVE	
11.4 CITY-ST-ZIP	MIAMI BEACH FL	
11.1 TITLE	SDT	<input type="checkbox"/> DELETE
11.2 NAME	ROSEN, JUDITH S	
11.3 STREET ADDRESS	35 S. HIBISCUS DRIVE	
11.4 CITY-ST-ZIP	MIAMI BEACH FL	
11.1 TITLE	Vice-President	<input type="checkbox"/> DELETE
11.2 NAME	Wendi R. Roman	
11.3 STREET ADDRESS	1 N.E. 1st St #700	
11.4 CITY-ST-ZIP	MIAMI, FL 33132	
11.1 TITLE		<input type="checkbox"/> DELETE
11.2 NAME		
11.3 STREET ADDRESS		
11.4 CITY-ST-ZIP		
11.1 TITLE		<input type="checkbox"/> DELETE
11.2 NAME		
11.3 STREET ADDRESS		
11.4 CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME		
12.3 STREET ADDRESS		
12.4 CITY-ST-ZIP		
12.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME		
12.3 STREET ADDRESS		
12.4 CITY-ST-ZIP		
12.1 TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.2 NAME	Wendi R. Roman	
12.3 STREET ADDRESS	1 N.E. 1st St #700	
12.4 CITY-ST-ZIP	MIAMI, FL 33132	
12.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME		
12.3 STREET ADDRESS		
12.4 CITY-ST-ZIP		
12.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME		
12.3 STREET ADDRESS		
12.4 CITY-ST-ZIP		

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, and 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 attachment with an addendum.

SIGNATURE: [Signature] AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: PAUL ROSEN, 1/25/96, (305) 226-9200

CR2E034 (12/95)