

**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  
2a. Mailing Address: 26 P.O. Box 653809

4. FEI Number: 59-1468361  
Applied For: Not Applicable

22. Suite, Apt., etc.: 128  
27. Subj. Apt. #, etc.:  
23. City & State: MIAMI, FL  
28. City & State: MIAMI, FL

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

24. Zip: 33175  
25. Country:  
29. Zip: 33265  
30. Country:

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

24. Zip: 33175  
25. Country:  
29. Zip: 33265  
30. Country:

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSEN, PAUL  
1 N.E. 1 ST., S-700  
MIAMI FL 33132

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 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 of the person filing this report (Not applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	PD	<input type="checkbox"/> DELETE
12. NAME	ROSEN, PAUL E	
13. STREET ADDRESS	35 S. HIBISCUS DRIVE	
14. CITY-ST-ZIP	MIAMI BEACH FL	
21. TITLE	SDT	<input type="checkbox"/> DELETE
22. NAME	ROSEN, JUDITH S	
23. STREET ADDRESS	35 S. HIBISCUS DRIVE	
24. CITY-ST-ZIP	MIAMI BEACH FL	
31. TITLE	Vice-President	<input type="checkbox"/> DELETE
32. NAME	Wendi R. Rosen	
33. STREET ADDRESS	1 N.E. 1st St #700	
34. CITY-ST-ZIP	MIAMI, FL 33132	
41. TITLE		<input type="checkbox"/> DELETE
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
51. TITLE		<input type="checkbox"/> DELETE
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		<input type="checkbox"/> DELETE
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
31. TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	Wendi R. Rosen	
33. STREET ADDRESS	1 N.E. 1st St #700	
34. CITY-ST-ZIP	MIAMI, FL 33132	
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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 address change.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL ROSEN

1/25/96

(305) 226-9200

CR2E034 (12/95)