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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

'Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000085070 (9)

**PRISCA CORPORATION** 

Principal Place 1101 BRICKELL SUITE 401 MIAMI FL 33131	. AVENUE	1101 BI SUITE	Mailing Address  1101 BRICKELL AVENUE SUITE 401 MIAMI FL 33131-3143									
,,,,,,									3. Date Incorporated or Qualified 12/06/1993		ate of Last Ro <b>/01/1996</b>	port
2. Principal Pl	ace of Busing	ss	<b>2a.</b> Ma	2a. Mailing Address					4. FEI Number			plied For
21			26						65-0454377			t Applicable
Suite, Apt.	#, elc.		<u>⊢</u> -ı	Suite, Apt #, etc.					5. Certificate of Status Desired		\$8.75 A Fee Re	
22 City & State	9		27 City	City & State					6. Election Campaign Financing		\$5.00	
23	-	F~	28					Trust Fund Contribution		Added to		
Zip	Zip Country			Zip Country				B. This corporation has liability for	intangible	e tax under s.	199.032,	
24	25		29	29 30					Florida Statutes 🔲 Yes 🔼 No			
	9, Name a	nd Address of Curre	nt Registere	d Agent					10. Name and Address of New Re	gistered	Agent	
SILV	'A, PATRICIC	)				81	Name					
	i Brickell	AVE.		82 Street Ad				Addre	dress (P.O. Box Number is Not Acceptable)			
# 401												
MIA)	MI FL 33131			•		83						ļ
j						84	City			FL	85 Zip (	Code
office or reagent. Fail	egistered agd m familiar witi	ons of Sections 607.05 int, or both, in the Stat in, and accept the oblig riphiled name of registres (s)	e of Florida. S gations of, Se	Such change was ction 607.0505, Fl	authorized Iorida Stat	utes	the cor	rporatio	oration submits this statement for the poin's board of directors. I hereby acce	purpose optithe app	of changing its pointment as	s registered registered
12.	Signature, typeo t	OFFICERS AT	···		13.	, Mile	an signate	e require	ADDITIONS/CHANGES TO OFFIC		D DIRECTOR	S IN 12
TITLE	DP .			DELEJE	1.1 31	īĻŧ.		T			Change	Addition
NAME				1.2 N								
STREET ADDRESS 1101 BRICKELL AVENUE, #40			01	1:			1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL			<u>_</u>	1 4 CI	IY-S	1 - 7/P					
TITLE	DSV			☐ DEL€1E	2 1 11	H					L Change	Addition
NAME		, VOLLMER A.	•		2.2 N/	AME		İ				
STREET ADDRESS		XELL AVENUE, #4	UT	3			ADDRESS					
CITY-ST-ZIP	MAMI FL						ST - ZIP				Change	Addition
TITLE		HO CHIDIOLIC		□ DELETE	3 1 16						Change	Addition
NAME		JIS ENRIQUE CKELL AVE. # 401			3 2 N/							
STREET ADDRESS	MIAMI FL	WELL MAC' & Ani		•			ADORESS					
CITY-ST-ZIP	AT			DELETE	3 4. C 4 1 Tu		S1 - ZIP				Change	Addition
TITLE		TDICIO		□ MILIE	4 2 N						Onlong.	, nuartion
NAME	AAAA DDIOLELL ALEE AAA						Abronice					
STREET ADDRESS	MIAMI FL	MELL MIL, TO					ADDRESS	'				
CITY-ST-ZIP TITLE				DELETE	4.4 CITY - ST - 2 5.1 TO LE			+			Change	Addition
NAME		DOMINGO			5.2 N							
STREET ADDRESS		KELL AVE., 401					ADORESS		•			,
CITY-ST-ZIP	MIAMI FL						31 - <b>Z</b> IP					
TITLE				DELETE	6171			†			Change	Addition
NAME					6.2 N							
STREET ADDRESS	1				6.3 S	TREET	I ADDRESS	;				

14. I do hereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this and tall report or supplemental amount report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the required 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 the an address

NHIGH