

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

FILED  
May 21 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P93000085070 (9)**

1. Corporation Name

**PRISCA CORPORATION**



Principal Place of Business

**1101 BRICKELL AVENUE  
SUITE 401  
MIAMI FL 33131**

Mailing Address

**1101 BRICKELL AVENUE  
SUITE 401  
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

3. Date Incorporated or Qualified

**12/06/1993**

4. FEI Number

**65-0454377**

Applied For

Not Applicable

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SILVA, PATRICIO  
1101 BRICKELL AVE.  
# 401  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

**81** Name **Domingo Torres**  
**82** Street Address (P.O. Box Number is Not Acceptable) **1101 Brickell Ave. 301-S**  
**83**  
**84** City **miami** **FL** **85** Zip Code **33131**

11. Pursuant to the provisions of Sections 607.002 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, Florida Statutes.

SIGNATURE

Signature types for president, secretary, registered agent and the state of Florida. (Signature required when reinstating)

DATE

**4/24/98**

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE  
NAME **SANABRIA, LUIS ALFREDO**  
STREET ADDRESS **1101 BRICKELL AVENUE, #401**  
CITY-ST-ZIP **MIAMI FL**

TITLE **DSV** ☐ DELETE  
NAME **GUSTAVO, VOLLMER A.**  
STREET ADDRESS **1101 BRICKELL AVENUE, #401**  
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☐ DELETE  
NAME **LOPEZ, LUIS ENRIQUE**  
STREET ADDRESS **1101 BRICKELL AVE. # 401**  
CITY-ST-ZIP **MIAMI FL**

TITLE **AT** ☐ DELETE  
NAME **SILVA, PATRICIO**  
STREET ADDRESS **1101 BRICKELL AVE., 401**  
CITY-ST-ZIP **MIAMI FL**

TITLE **AS** ☐ DELETE  
NAME **TORRES, DOMINGO**  
STREET ADDRESS **1101 BRICKELL AVE., 401**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(i), 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

**4/24/98**

**4/24/98 (305) 358-7251**

CR2E034 (10/97)