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PROFIT **CORPORATION** ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 429935

PROSE MANAGEMENT, INC.

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90074 020 ***158.75



Principal Place of Bu	usiness	Mailing Address				-		II OPALI DIDII DIDIE	BIBIL OLDIC BEBL
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MIAMI FL 33132 US		MIAMI FL 33132 US .			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
US 	Na a	Uð ,				07/06/1973	illea		
2. Principal Place of	f Business	2a. Mailing Address				4. FEI Number	_		plied For
21	, Basineau	26				59-1468361		<u> </u>	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				*			Additional
22		27				5. Certificate of Status Desire	ed 💢		equired
City & State		City & State				6. Election Campaign Finance	cina _	\$5.00	May Be
23		28				Trust Fund Contribution	'a 🗆		to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the	current year	Intangible	
24	25	29	30			Personal Property Tax.	·	□Yes	□No
9. 1	Name and Address of Current I	Registered Agent			**	10. Name and Address of N	ew Registere	d Agent	
ROSEN, P.	TATE	•		81	Name	r			
	ST., S-700		Ì	82	Street Addres	ss (P.O. Box Number is Not Ac	ceptable)		
MIAMI FL			ļ		·				
MINIMAL I E	33 132			83					(3)
			t	84	City		````	. 85 Zip	Code
		1007.4500 :51 :4- 0-4-4				Charles Harris Harris and Care	<u>.</u>	<u>L . </u>	
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office or register	red agent, or both, in the State of illiar with, and accept the obligatio	Florida. Such change was a	uthorized	by th	-named corpor he corporation	ration submits this statement for n's board of directors. I hereby a	ccept the app	ointment as re	gistered
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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 eceiver 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #