

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

**FILED**

**Apr 10 1997 8:00am  
Secretary of State**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**

**DOCUMENT # 476006 (2)**  
1. Corporation Name  
**PROJECT ADVISERS CORP.**



Principal Place of Business  
**7425 SW 42ND STREET  
MIAMI FL 33155**

Mailing Address  
**7425 SW 42ND STREET  
MIAMI FL 33155-4402**

3. Date Incorporated or Qualified **05/09/1975** 3a. Date of Last Report **04/22/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-1699264</b>		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State		24		29	
23		28		30			
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ESTEVEZ, MICHEAL 7425 SW 42ND ST MIAMI FL 33155</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PO</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ESTEVEZ, LINDA</b>			1.2 NAME			
STREET ADDRESS	<b>7425 SW 42ND STREET</b>			1.3 STREET ADDRESS			
CITY - ST - ZIP	<b>MIAMI FL</b>			1.4 CITY - ST - ZIP			
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ESTEVEZ, MICHEAL</b>			2.2 NAME			
STREET ADDRESS	<b>7425 SW 42ND STREET</b>			2.3 STREET ADDRESS			
CITY - ST - ZIP	<b>MIAMI FL</b>			2.4 CITY - ST - ZIP			
TITLE	<b>EVP</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BARBELLA, MICHOAS</b>			3.2 NAME			
STREET ADDRESS	<b>7425 SW 42ND STREET</b>			3.3 STREET ADDRESS			
CITY - ST - ZIP	<b>MIAMI FL</b>			3.4 CITY - ST - ZIP			
TITLE	<b>PO</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MURPHY, LINDA F</b>			4.2 NAME			
STREET ADDRESS	<b>7425 SW 42 ST.</b>			4.3 STREET ADDRESS			
CITY - ST - ZIP	<b>MIAMI FL</b>			4.4 CITY - ST - ZIP			
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ESTEVEZ, MICHAEL M</b>			5.2 NAME			
STREET ADDRESS	<b>7425 SW 42 ST.</b>			5.3 STREET ADDRESS			
CITY - ST - ZIP	<b>MIAMI FL</b>			5.4 CITY - ST - ZIP			
TITLE	<b>EVP</b>	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BARBELLA, NICHOLAS J</b>			6.2 NAME			
STREET ADDRESS	<b>7425 SW 42 ST.</b>			6.3 STREET ADDRESS			
CITY - ST - ZIP	<b>MIAMI FL</b>			6.4 CITY - ST - ZIP			

14. I do 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: *Linda F. Murphy* **REQUIRED** 4/4/97 (305) 266-5920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)