

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 10 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 476006

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/09/1975

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1699264

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

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

Zip Country

Zip Country

8. This corporation owes the current year intangible Personal Property Tax.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESTEVEZ, MICHEAL
7425 SW 42ND ST
MIAMI FL 33155

81 Name LUACES, JOAQUIN
82 Street Address (P.O. Box Number is Not Acceptable) 7425 S.W. 42 ST
83
84 City MIAMI FL 85 Zip Code 33155

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]

5/8/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include MURPHY, LINDA F; ESTEVEZ, MICHAEL M; BARBELLA, NICHOLAS J.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows include EXO MURPHY, LINDA F.; 800003273908-0; ST MURPHY, LINDA F.; LUACES, JOAQUIN; KE.

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...

SIGNATURE: [Signature]

4/17/00

(305) 266-5920

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Telephone Number