


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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **500251** (4)

1. Corporation Name
P R N, INC.



Principal Place of Business 8300 S.W. 87 AVE SUITE #3 MIAMI FL 33178-2413 US	Mailing Address P.O. BOX 561776 STE 3 MIAMI FL 33256-1776 US
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3. Date Incorporated or Qualified 04/01/1976	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1661260	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 12942 SW 133 Court	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State 23 MIAMI FL	27 City & State 28
Zip 24 33186-5806	Country 25 US
29	30

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name DWIGHT R BREWER 82 Street Address (P.O. Box Number is Not Acceptable) 12942 SW 133 Court 83 84 City MIAMI FL 85 Zip Code 33186
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 <i>Dwight R Brewer</i> DWIGHT R BREWER 4/28/97 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	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WENDT, WILLARD L.		1.2 NAME	
STREET ADDRESS 8300 S.W. 87TH AVE., #3		1.3 STREET ADDRESS 12942 SW 133 Court	
CITY - ST - ZIP MIAMI FL		1.4 CITY - ST - ZIP MIAMI FL 33186-5806	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BREWER, DWIGHT R.		2.2 NAME	
STREET ADDRESS 8300 S.W. 87 AVE, #3		2.3 STREET ADDRESS same as above	
CITY - ST - ZIP MIAMI FL		2.4 CITY - ST - ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WENDT, JESSIE R		3.2 NAME	
STREET ADDRESS 8300 S.W. 87 AVENUE, #3		3.3 STREET ADDRESS same as above	
CITY - ST - ZIP MIAMI FL		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 unchanged, or on an attachment with an address.

SIGNATURE: *Willard L. Wendt* **4/28/97** **305 259 8860**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)