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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 501646 (4)

1. Corporation Name
PRODIDACTA, INC.

Principal Place of Business

% ANTONIO IGLESIAS
8851 S.W. 52ND ST.
MIAMI FL 33165

Mailing Address

% ANTONIO IGLESIAS
8851 S.W. 52ND ST.
MIAMI FL 33165-6716



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/21/1976		3a. Date of Last Report 05/01/1996	
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
IGLESIAS, ANTONIO 8851 S.W. 52ND ST. MIAMI FL 33165-3716				81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: If registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	IGLESIAS, ANTONIO	1.2 NAME	
STREET ADDRESS	8851 S.W. 52 ST.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	1.4 CITY-STATE-ZIP	
TITLE	VD	2.1 TITLE	
NAME	IGLESIAS, MARCIA E.	2.2 NAME	
STREET ADDRESS	8851 S.W. 52 ST.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	2.4 CITY-STATE-ZIP	
TITLE	SD	3.1 TITLE	
NAME	DIAZ, MARIA	3.2 NAME	
STREET ADDRESS	8851 S.W. 52 ST.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-97

Date

(305) 873-7555

Daytime Phone #

CR2E034 (9/96)