

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **580260** (8)
1. Corporation Name
PRADO & ASSOCIATES, INC.



Principal Place of Business
~~48268 LAZY LN~~
TAMPA FL 33614
US

Mailing Address
P O BOX 274206
TAMPA FL 33688
US

3. Date Incorporated or Qualified **07/26/1978** 3a. Date of Last Report **04/25/1995**

2. Principal Place of Business 21 9269 Lazy Ln Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number 59-1881584 Applied For Not Applicable		
22 City & State 23 Tampa FL	27 City & State 28	5. Certificate of Status Desired XX \$8.75 Additional Fee Required		
24 Zip 33614	25 Country US	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
29 Zip				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes XX Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRADO, FAUSTINO L.
~~8250 LAZY LN~~
TAMPA FL 33614

81 Name Prado, Faustino L.
82 Street Address (P.O. Box Number is Not Acceptable) 9269 Lazy Ln
83
84 City Tampa FL 85 Zip Code 33614

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

Handwritten Signature
Signature, typed or printed name of registered agent, agent not applicable

Faustino L. Prado, President

4/15/96

(NOTE: Registered Agent Signature Required When Not Shading)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PRADO, FAUSTINO G. 12259 SW 18 TER TAMPA FL <input type="checkbox"/> DELETE	1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12259 SW 18 Ter Miami FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PRADO, FAUSTINO L. 3107 RESEDA COURT TAMPA FL <input type="checkbox"/> DELETE	2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRADO, HUMBELINA Z. 12259 SW 18 TER TAMPA FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PRADO, PATRICIA BAKER 3107 RESEDA COURT TAMPA FL <input type="checkbox"/> DELETE	4.1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	V/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DUNHAM, CHARLES T 14900 GULF BLVD S311 MADEIRA BCH FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Handwritten Signature

Patricia Baker Prado

4/15/96

813-932-8965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone:

CR2E034 (12/95)