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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21 1997 8:00am Secretary of State

Principal Place 1 SE SRD AVE STE 1400 MIAMI FL 3318 US	_	Mailing Address 1 SE 3RD AVE STE 1400 MIAMI FL 33131-1777 US			3. Date Incorporated or Qualific		Date of Last	
					01/09/1975	04	/24/1996)
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 98-0040245			Applied For Not Applica	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75	Additiona	
City & State		City & State		6. Election Campaign Financin			Required May Be	
23		28			Trust Fund Contribution			d to Fees
Zip 24	Country 25	Zip 29	Country 30	,	This corporation has liability Florida Statutes		tax under No	s. 199.032
<u></u>	9. Name and Address of Current		[30]		10. Name and Address of New			
	PROLITE CORPORATION		81	Name				
ONE SOUTHEAST THIRD AVE. SUITE 1400 MIAMI FL 33131			82	Street Add	ress (P.O. Box Number is Not Acce	ptable)		
			83				·· 	
7716 W	IIII 1 C 00101						1 - 1	
			84	City		FL	_ '	p Code
office or ragent. I a SIGNATURE	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obligations are the state of the sta	nt and title if applicable. (NC			Introduction statement of dispersion of disp	DATE		
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AND	nt and title if applicable. (NC	OTE: Registered Ago		ired when reinstating)	DATE		DRS IN 12
SIGNATURE 12. TITLE NAME	Signature: typed or printed name of registered ager OFFICERS AND TOBAL, MARCOS	nt and title if applicable. (NC D DIRECTORS	13. 11 TIBLE 12 NAME	nt signaturo requi	ired when reinstating)	DATE	D DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AND	nt and title if applicable. (NC D DIRECTORS	13. 11 TIPLE 12 NAME 1.3 STREFT	nt signaturo requi	ired when reinstating)	DATE	D DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME	Signature: typed or printed name of registered ager OFFICE HS AND TOBAL, MARCOS 1 S.E. AVE., #1400 MIAMI FL	nt and title if applicable. (NC D DIRECTORS	13. 11 TIBLE 12 NAME	nt signaturo requi	ired when reinstating)	DATE	D DIRECTO	DRS IN 12
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