

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G83224** (7)

1. Corporation Name
PROGRESO FINANCE COMPANY, INC.



Principal Place of Business C/O FLOYD PEARSON & RICHMAN 8180 NW 36TH STREET MIAMI FL 33166	Mailing Address C/O FLOYD PEARSON & RICHMAN 8180 NW 36TH STREET MIAMI FL 33166-6645
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3. Date Incorporated or Qualified 02/03/1984	3a. Date of Last Report 08/02/1996
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2. Principal Place of Business 21 PROGRESO FINANCE CO. Suite, Apt. #, etc. 22 8180 NW 36ST, #150 City & State 23 MIAMI FL Zip 24 33166 Country 25 USA	2a. Mailing Address 26 PROGRESO FINANCE CO. Suite, Apt. #, etc. 27 8180 NW 36ST #150 City & State 28 MIAMI FL Zip 29 33166 Country 30 USA	4. FEI Number 59-2372848 Applied For 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
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9. Name and Address of Current Registered Agent INTRIAGO, CHARLES A. 1460 BRICKELL AVENUE #304 MIAMI FL 33128	10. Name and Address of New Registered Agent 81 Name SCOTT WILLINGER 82 Street Address (P.O. Box Number is Not Acceptable) 8180 NW 36ST #100 83 84 City MIAMI FL 85 Zip Code 33166
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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: *Scott Willinger* DATE: **4/28/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO LL. ORLANDO	1.2 NAME	
STREET ADDRESS	8180 NW 36TH ST, 4TH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, C. ORLANDO	2.2 NAME	
STREET ADDRESS	8180 NW 36TH ST, 4TH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLINGER, SCOTT R.	3.2 NAME	
STREET ADDRESS	8180 NW 36TH STREET #100	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, RAFAEL	4.2 NAME	
STREET ADDRESS	8180 NW 36TH ST, 4TH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 if changed, or on an attachment with an address.

SIGNATURE: *Scott Willinger* SECRETARY DATE: **4/28/97** 305 594-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)