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

PRÖFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # G91094

. Corporation Name

## FILED Feb 15, 1999 8:00am Secretary of State

02-15-1999 90020 039 \*\*\*150.00

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Principal Pla	ce of Business	Mailing Address				1	( INDESIGNATION CONTRACTOR OF THE INTESIGNATION CONTRACTOR INTO CONTRACTOR INT	ARBI ARBIT BROKE BU		1011 01011 1001	
% ADALBERT	O NAVIA. JR.	% adalberto navia. Jr									
11032 SW 25 ST. 11032 SW 25 ST.											
MIAMI FL 33165 MIAMI FL 33165							DO NOT WRITE IN THIS SPACE				
,							Date Incorporated or Qualifed				
							03/12/1984				
2. Principal I	Place of Business	2a. Mailing Address				4.	FEI Number		Apr	olied For	
21		26					59-2400410		Not	Applicable	
Suite, Apt	i. #, etc.	Suite, Apt. #, etc.				5.	Certifcate of Status Desired			dditional	
22		27				ļ			Fee Red	quired	
City & Sta	ite	City & State				6.	Election Campaign Financing	<b>□</b> \$	5.00	May Be	
23		28					Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Cour	ntry			This corporation owes the current			_	
24	25	29	30				Personal Property Tax.	AQ Ye		□No	
	9. Name and Address of Cu	rrent Registered Agent		81 1		10.	Name and Address of New Rec	istered Agent			
NΔ\	VIA, ADALBERTO JR.			י ויס	Name						
11032 SW 25 ST.				82 3	Street Addre	ss (P.	O. Box Number is Not Acceptable	e)			
MIAMI FL 33165			1								
IVIIZ	IWI 1 L 33 103			83					1351		
			F	84 (	City		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85	Zip C	ode	
					•			+L $ $			
11. Pursuant	t to the provisions of Sections 607.	.0502 and 607.1508, Florida Statut tate of Florida. Such change was a	es, the ab	ove-n	amed corpor	ration	submits this statement for the pu	rpose of chang	ing its r	egistered	
agent. I a	am familiar with, and accept the ob	oligations of, Section 607.0505, Flo	rida Statu	by the ites.	e corporation	15 00	ard or directors, i nereby accept the	ne appointmen	as reg	isterea	
SIGNATURE											
	Signature, typed or printed name of registered	<del></del>		Agent siç	gnature required v		instating)	DATE			
12.		S AND DIRECTORS	13.			А	ADDITIONS/CHANGES TO OFFIC				
TITLE	DP	☐ DELETE	1.1 TITL					□ c	hange	☐ Addition	
NAME	NAVIA, ADALBERTO JR.		1.2 NAM	ME							
STREET ADDRESS			1.3 STR	REETAD	ORESS						
CITY-ST-ZIP	MIAMI FL 33165		. 1.4 CIT	Y-ST-ZI	Р						
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14. I 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, with all other like empowered.

SIGNATURE (

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (

1-11-99

305-W1963

(R2E034 (11/98)