

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90022 016 ***150.00

DOCUMENT # H84417

1. Corporation Name
PROZA, INC.

Principal Place of Business
% SARA M. PROENZA
521-35TH AVENUE NORTHEAST
ST. PETERSBURG FL 33704

Mailing Address
% SARA M. PROENZA
521-35TH AVENUE NORTHEAST
ST. PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/07/1985

4. FEI Number
59-2635871

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 11301 S.W. ULMERTON BLVD
Suite, Apt. #, etc.

22 City & State
23 Largo FL

24 Zip 33778 25 Country Panama

26 Mailing Address
27 11301 S.W. ULMERTON BLVD
Suite, Apt. #, etc.

28 City & State
29 Largo FL

30 Zip 33778 31 Country Panama

9. Name and Address of Current Registered Agent

PROENZA, SARA E.
521-35TH AVENUE NORTHEAST
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent

81 Name SARA E. PROENZA
82 Street Address (P.O. Box Number is Not Acceptable)
83 521 35TH NE
84 City St. Petersburg FL 85 Zip Code 33704

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME PROENZA, JOSE R.
STREET ADDRESS 521-35TH AVE NE
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D
NAME PROENZA, SARA E.
STREET ADDRESS 521-35TH AVE NE
CITY-ST-ZIP ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 521 35TH AVE N.E.
1.4 CITY-ST-ZIP St. Petersburg FL.

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 521 35TH AVE NE.
2.4 CITY-ST-ZIP St. Petersburg FL.

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 OR DIRECTOR

Date

Daytime Phone #

3/1/99 (707) 584-2882

0424502

CR2E034 (11/98)