

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K77833** (7)

1. Corporation Name

PRS INTERNATIONAL EUROPE, INC.

Principal Place of Business

**% JOHN SULLIVAN
801 BRICKELL AVE. SUITE 1301
MIAMI FL 33131**

Mailing Address

**% JOHN SULLIVAN
801 BRICKELL AVE. SUITE 1301
MIAMI FL 33131**



2. Principal Place of Business		2a. Mailing Address	
21	701 Brickell Avenue	26	701 Brickell Avenue
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Suite 850	27	Suite 850
City & State		City & State	
23	Miami, Florida	28	Miami, Florida
Zip	Country	Zip	Country
24	33131 USA	29	33131 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
04/05/1989	04/27/1995
4. F.E.T. Number	Applied For Not Applicable
65-0113685	
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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SULLIVAN, JOHN 801 BRICKELL AVE SUITE 1301 MIAMI FL 33131		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	701 Brickell Avenue
		83	Suite 850
		84 City	Miami
		FL	85 Zip Code 33131

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

Signature of Agent or person making change (Typed name of agent and date are required)

(NOTE: Registered Agent Signature required when first change)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREILE, GONZALO R.	1.2 NAME	
STREET ADDRESS	801 BRICKELL AVE, #1301	1.3 STREET ADDRESS	701 Brickell Avenue. Suite 850
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Florida 33131
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JOHN	2.2 NAME	
STREET ADDRESS	801 BRICKELL AVE, #1301	2.3 STREET ADDRESS	701 Brickell Avenue. Suite 850
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Florida 33131
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	500001822585
STREET ADDRESS		5.3 STREET ADDRESS	-05/15/96--01055--018
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
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 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: **John S. Sullivan/ Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/96

(305)381-8340

Date

Daytime Phone #

CR2E034 (12/95)