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 # **K85474** **(0)**

1. Corporation Name

ADPROM CORP.

Principal Place of Business	Mailing Address
6700 NW 35 AVE MIAMI FL 33147 US	19244 NW 65 CT MIAMI FL 33015 US

3. Date Incorporated or Qualified: **05/04/1989**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0137878** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PAZ, MANUEL F.
19244 N.W. 65 CT.
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent, and the date of signature (NOTE: Registered Agent's signature required when changed.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	PAZ-PUJALT, MANUEL F		12 NAME	PAZ PUJALT, MANUEL F.	
STREET ADDRESS	19244 N.W. 65 CT.		13 STREET ADDRESS	19244 N.W. 65 CT	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	MIAMI, FL	
TITLE	V	☐ DELETE	21 TITLE	VICE PRESIDENT	☐ Change ☐ Addition
NAME	PUJALT, Y L ROGER		22 NAME	PUJALT, Y LEON ROGER	
STREET ADDRESS	19244 N.W. 65 CT.		23 STREET ADDRESS	18296 NW 61 PL.	
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	S	☐ DELETE	31 TITLE	SECRETARY	☐ Change ☐ Addition
NAME	PAZ, GINA		32 NAME	PAZ, GINA	
STREET ADDRESS	19244 NW 65 CT		33 STREET ADDRESS	19244 N.W. 65 CT.	
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP	MIAMI, FL.	
TITLE		☐ DELETE	41 TITLE	TREASUR	☐ Change ☒ Addition
NAME			42 NAME	NORMA CHIOZZA	
STREET ADDRESS			43 STREET ADDRESS	18296 NW 61 PL.	
CITY-ST-ZIP			44 CITY-ST-ZIP	MIAMI, FL 33015	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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: _____ 4/3/96 (305) 827-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #