

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L52478

(9)

1. Corporation Name

PROSPECT U.S.A. CORPORATION



Principal Place of Business

PO BOX 012949
MIAMI FL 33101
US

Mailing Address

PO BOX 012949
MIAMI FL 33101
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

HOLLO, WAYNE R.
100 S. BISCAYNE BLVD
STE 1100
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1504, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this statement

Signature of the person authorized to sign this statement

Signature

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	HOLLO, WAYNE R.	
STREET ADDRESS	100 S. BISCAYNE BLVD.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	DS	☐ DELETE
NAME	GRAY, U D	
STREET ADDRESS	100 S. BISCAYNE BLVD.	
CITY-STATE-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
1. TITLE	
1. NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2. TITLE	
2. NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3. TITLE	
3. NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4. TITLE	
4. NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5. TITLE	
5. NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6. TITLE	
6. NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(g), 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 person or persons authorized 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:

Wayne R. Hollo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Print the filer's name

CR2E034 (12/95)