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

**PROFIT** CORPORATION ANNUAL REPORT



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

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	MENT # L5595	9 (5)			_			
1. Corporation PRESE	G FINANCE CO., INC.	. ,						
Principal Place	of Business	Mailing Address					IE 84011 BF4FF	Eleli Didit Iddi
	DE LEON BLVD. DE LEON BLVD. STE. 101 ES FI 33134	901 PONCE DE LEON 901 PONCE DE LEON CORAL GABLES FL 33	BLVD. STE	i. 101				
JOHNE GROE		OFFICE OFFICE TE OF			<ol> <li>Date Incorporated or Qualified 03/05/1990</li> </ol>		of Last Re 1/25/199	
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 65-0182198		h	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				<del></del>		Additional
22		27			5. Certificate of Status Desired	<u>X</u>		Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution			May Be
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for i	ntangible ta		d to Fees 199.032.
24	25	29	30	·	Florida Statutes Yes	□No		
	9. Name and Address of Curre	nt Registered Agent		=41 -7	10. Name and Address of New R	egistered	Agent	
FEMTAL	L MADIA DEL C			81 Name				
	i, maria del c NCE de Leon			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)		
STE 101				83				· · · · · · · · · · · · · · · · · · ·
	GABLES FL 33134			84 City				- 0- 1-
				84 City		FL	85   Zip	o Code
or register	to the provisions of Sections 607.050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authorize	ed by the d	ve-named corpor corporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of cha pintment as	inging its registered	egistered office agent. I am
SIGNATURE								
12.	Signature, typed or printed name of registered agen OFFICERS AN	il and title if applicable (NO) ID DIRECTORS	TE Rogistered	Agent signature require	d when reinstaling) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	RS IN 12
TITLE	D	DELETE	1 1 1	ITLE	ADDITIONO OF TANGED TO OF T		Change	Addition
NAME	MASSIANI, GUSTAVO M		1 2 NA	AME		_		
STREET ADDRESS	901 PONCE DE LEON		1.3 ST	REET ADDRESS				
CITY - ST - ZIP	CORAL GABLES FL		14 C)	TY-ST-ZIP				
THILE	D NAVARRO JORGE I	DELETE	2 1 T				Change	☐ Addition
NAME	NAVARRO, JORGE J 901 PONCE DE LEON		22 N/					
STREET ADDRESS	CORAL GABLES FL			REET ADDRESS				
CITY-SI-ZIP TITLE	CONTRACTOR OF THE CONTRACTOR O	DELETE	3 1 T	TY-ST-ZIP	<u> </u>	<u>-</u>	Change	☐ Addition
NAME		<b>_</b>	3.2 N/					
STREET ADDRESS				TREET ADDRESS				
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NAME			4.2 NA	AME				
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TITLE		DELETE	5 1 To			L	] Change	■ Addition
NAME STREET ADDRESS			5.2 NA 5.3 S1	REET ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP				
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NAME		_	6 2 NA	AME		-	-	<del></del>
STREET ADDRESS			6.3 ST	REET ADDRESS				
CHTY-ST-ZIP				TY-ST-ZIP		- · · - · · · ·	·····	
14. I do hereb	y certify that the information supplied	with this filing is voluntarily furni	ished and	does not qualify f	or the exemption stated in Section 119.	07(3)(k), Flo	rida Statut	es I further

port or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name attachment with an address certify that the information indicated on thi oath; that I am an officer or director of the appears in Block 12 or Block 13 if change JORGE T NAVARRO4/16/96 SIGNATURE: