
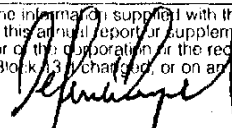


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L74271 (2)			
1. Corporation Name PRIMOS, INC.			
Principal Place of Business <del>10540 NW 26TH ST., SUITE G-303</del> <del>MIAMI FL 33172</del> <del>US</del>		Mailing Address <del>10540 NW 26TH ST., SUITE G-303</del> <del>MIAMI FL 33172-2102</del> <del>US</del>	
2. Principal Place of Business 21 4691 N. University Dr. Suite, Apt. #, etc. 22 Suite 464 City & State 23 Coral Springs, FL Zip 24 33067		2a. Mailing Address 26 4691 N. University Dr. Suite, Apt. #, etc. 27 Suite 464 City & State 28 Coral Springs, FL Zip 29 33067 Country 30 USA	
3. Date Incorporated or Qualified 05/17/1990		3a. Date of Last Report 04/20/1996	
4. FEI Number 65-0195846		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent DE ANGULO, ALFREDO <del>10541 NW 20TH ST.</del> <del>SUITE G-303</del> <del>MIAMI FL 33172</del>		10. Name and Address of New Registered Agent 81 Name De Angulo, Alfredo 82 Street Address (P.O. Box Number is Not Acceptable) 83 4691 N. University Dr., Suite 464 84 City Coral Springs FL 85 Zip Code 33067	
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNAL, LEONARDO	1.2 NAME	
STREET ADDRESS	10540 NW 26TH ST., SUITE G-303	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVARADO, LUIS FERNANDO	2.2 NAME	
STREET ADDRESS	10540 NW 26TH ST., SUITE G-303	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUILES, MARCELA	3.2 NAME	
STREET ADDRESS	10540 NW 26TH ST., SUITE G-303	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ANGULO, ALFREDO	4.2 NAME	
STREET ADDRESS	10540 NW 26TH ST., SUITE G-303	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNAL, LEONARDO	5.2 NAME	
STREET ADDRESS	10540 NW 26TH ST., SUITE G-303	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUILES, MARCELA	6.2 NAME	
STREET ADDRESS	10540 NW 26TH ST., SUITE G-303	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	6.4 CITY-ST-ZIP	
14. I do 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 or both, or on an attachment with an address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Alfredo De Angulo 4/25/97 Date (954) 340-9920 Daytime Phone #	

CR2E034 (9/96)