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

FILED Mar 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # (0)L97551 PRO-VEST CAPITAL CORPORATION Mailing Address Principal Place of Business -2320 S.W. 57TH AVE. 2320 S.W. 57TH AVE MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/30/1990 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 3051 5.W.77 Suite, Apt #, etc. 3057 S.W. Suite, Apt. #, etc. Not Applicable 65-0221659 \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FONTANILLS, GEORGE 9220 S.W. 67TH AVE., SUITE 200 Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33155** 83 84 Miami 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 (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE FONTANILLS, GEORGE 1.2 NAME 3057 SW, 77th Ct. Migmi PL 33155 NAME -2320 S.W. 57TH AVE. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 City-St-ZiP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 62 NAME NAME STREET ADDRESS **63 STREET ADDRESS**

6.4 CITY-ST-ZIP

800-741-1086

14. Thereby 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 recover or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an a