

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **M27285** (9)
1. Corporation Name
PROMACO, INC.

95 FEB 13 AM 11:20

Principal Place of Business Mailing Address
**240 CRANDON BLVD.
SUITE 204
KEY BISCAYNE FL 33149**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 4904 S.W. 72ND. AVE		26 4904 S.W. 72ND. AVE		02/12/1986	03/15/1994
22 Suite, Apt. #, etc. "C"		27 Suite, Apt. #, etc. "C"		4. FEI Number	Applied For
23 MIAMI, FL		28 MIAMI, FL		59-2656309	Not Applicable
24 Zip 33155		29 Zip 33155		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country USA		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				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				10. Name and Address of New Registered Agent	
GLOBAL MANAGEMENT SERVICES INC 240 CRANDON BLVD SUITE 204 KEY BISCAYNE FL 33149				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 title of association) (NOTE: Registered Agent (signature required) when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTEVERDE, ERNESTO	12 NAME	
STREET ADDRESS	240 CRANDON BLVD., STE. 204	13 STREET ADDRESS	
CITY- ST- ZIP	KEY BISCAYNE FL	14 CITY- ST- ZIP	
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISTINA, PORTILLA	22 NAME	
STREET ADDRESS	MANUEL VILLAVICENCIO 1017	23 STREET ADDRESS	
CITY- ST- ZIP	LIMA 14	24 CITY- ST- ZIP	
TITLE	T	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARQUE, FEDERICO	32 NAME	
STREET ADDRESS	51 ISLAND DRIVE	33 STREET ADDRESS	
CITY- ST- ZIP	KEY BISCAYNE FL	34 CITY- ST- ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- 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 199.07(4)(b), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made on the date 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 this document.

SIGNATURE: **FEDERICO JARQUE, TREASURER** JANUARY 30, 1995 (305)668-9788
(Signature, typed or printed name of reporting officer or director)