

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business Mailing Address
4904 SW 72ND AVE **4904 SW 72ND AVE**
C **C**
MIAMI FL 33155 **MIAMI FL 33155**
US **US**

2. Principal Place of Business 2a. Mailing Address
21 **4904 S.W. 72ND. AVE** 26 **4904 S.W. 72ND. AVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **"C"** 27 **"C"**
City & State City & State
23 **MIAMI, FLORIDA** 28 **MIAMI, FLORIDA**
Zip Country Zip Country
24 **33155** 25 **U.S.A.** 29 **33155** 30 **U.S.A.**

3. Date Incorporated or Qualified **02/12/1986** 3a. Date of Last Report **02/13/1995**
4. FEI Number **59-2656309** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GLOBAL MANAGEMENT SERVICES INC
240 CRANDON BLVD
SUITE 204
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent
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 Signature (typed or printed name of registered agent and the filer is preferred) (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	MONTEVERDE, ERNESTO	
STREET ADDRESS	240 CRANDON BLVD., STE. 204	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CRISTINA, PORTILLA	
STREET ADDRESS	MANUEL VILLAVICENCIO 1017	
CITY-ST-ZIP	LIMA 14	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JARQUE, FEDERICO	
STREET ADDRESS	51 ISLAND DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	MONTEVERDE, ERNESTO	
13. STREET ADDRESS	9001 S.W. 52 AVE.	
14. CITY-ST-ZIP	MIAMI, FL. 33156	
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
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 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 01.30.96 (305) 668-9787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)