

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 # **M35222** (2)

1. Corporation Name

PRS INTERNATIONAL BROKERAGE, INC.



Principal Place of Business

Mailing Address

**C/O JOHN S. SULLIVAN, III
801 BRICKELL AVENUE, STE.1301
MIAMI FL 33131**

**C/O JOHN S. SULLIVAN, III
801 BRICKELL AVENUE, STE.1301
MIAMI FL 33131**

3. Date Incorporated or Qualified 07/14/1986	3a. Date of Last Report 04/27/1995
4. FEI Number 59-2695887	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	

2. Principal Place of Business	2a. Mailing Address
21 701 Brickell Avenue	26 701 Brickell Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 850	27 Suite 850
City & State	City & State
23 Miami, Florida	28 Miami, Florida
Zip	Zip
24 33131	29 33131
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SULLIVAN, JOHN S III
801 BRICKELL AVENUE
STE.1301
MIAMI FL 33131**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	701 Brickell Avenue
83	Suite 850
84 City	Miami
FL	85 Zip Code
	33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 fee (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	
NAME	SULLIVAN, JOHN S., III	1.2 NAME	
STREET ADDRESS	801 BRICKELL AVE., #1301	1.3 STREET ADDRESS	701 Brickell Avenue, Suite 850
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	Miami, Florida 33131
TITLE	V	2.1 TITLE	
NAME	SULLIVAN, JOHN S., III	2.2 NAME	
STREET ADDRESS	801 BRICKELL AVE., #1301	2.3 STREET ADDRESS	701 Brickell Avenue Suite 850
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	Miami, Florida 33131
TITLE	D	3.1 TITLE	
NAME	RODRIGUEZ-FRAILE, GONZALO	3.2 NAME	
STREET ADDRESS	801 BRICKELL AVE., #1301	3.3 STREET ADDRESS	701 Brickell Avenue, Suite 850
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Florida 33131
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	400001822584
STREET ADDRESS		5.3 STREET ADDRESS	-05/15/96--01055--017
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: **John S. Sullivan/ Director** *[Signature]* **04/26/96** (305) 381-8340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)