Applied For Not Applicable

\$8.75 Additional

Fee Recuired

\$5.00 May Be

Added to Fees

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

PFOFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M65884

1. Corporation Name

City & State

23

24

Zip

PRS INTERNATIONAL INVESTMENT ADVISORY SERVICES,

ATE ASA			
701 BRICKELL AVE., STE 850 MIAMI FL 33131			
a. Mailing Address			
Suite, Apt. #, etc.			
7			

28

City & State

29 25 9. Name and Address of Current Registered Agent

Cour try

SULLIVAN, JOHN S III 701 BRICKELL AVE. STE 850.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90049 019 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Ir corporated or Qualifed

01/22/1988 4. FEI Number

65-0076373

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

82 Street Acdress (P.O. Box Number is Not Acceptable)

	DINONELL AVE., OIL OO		L	1						
MIAN	AI FL 33131		83							
			84	City				85	Zip C	ode
				•			FL			
office (r r	to the provisions of S∈ctions 607.0502 and 607.1 egistered agent, or bo.h, in the State cf Florida. S m familiar with, and α cept the obligations of, Sec	uch change was au	itnorizea by	the corpo	ocrporation submi pration's board of o	s this statement fi lirectors. I hereby	or the purpose of accept the appoi	changin ntment a	g its reg	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent and title if appli	cable. (NOT E.	Registered Age	nt signature re	equired when reinstating)		DATE			
12.	OFFICERS AND DIRECTO		13.		ADDITIO	NS/CHANGES T	O OFFICERS AN	D DIRE	CTOF	S IN 12
TITLE	T	☐ DELETE	1.1 TITLE					Cha	nge	☐ Addition
NAME	SULLIVAN, JOHN S., III		1.2 NAME	i						
STREET ADDRESS	701 BRICKELL AVE., STE 850		1.3 STREE	TADDRESS						
CITY-ST-ZIP	MIAMI FL		1 4 CITY-S	ST-ZIP						
TITLE	DP	☐ DELETE	2.1 TITLE			-		Cha	nge	☐ Addition
NAME	RODRIQUEZ-FRAILE, GONZALO		2.2 NAME	ľ						
STREET ADDRESS			2.3 STREE	TADDRESS						
CITY-ST-ZIP	MIAMI FL 33131		2. 4 CITY-	ST-ZIP						
TITLE		☐ DELETE	3.1 TITLE					Cha	inge	☐ Addition
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE	TADDRESS						
CITY-ST-ZIP			3.4. CITY-	ST-ZIP						
TITLE		☐ DEFELE	4.1 TITLE					☐ Cha	ınge	Addition
NAME			4. 2 NAME	:						
STREET ADDRESS			4 3 STREE	T ADDRESS						
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				F-1 A:		
TITLE		☐ DELETE	5 1 TITLE					Cha	ange	☐ Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	T ADDRESS						
CTTY-ST-ZIP			5.4 CITY-5	ST-ZIP ,	<u>_</u>			<u> </u>		
TITLE		☐ DELETE	6.1 TITLE					Cha	ange	☐ Addition
NAME			62 NAME							
STREET ADDRESS			6.3 STREE	T ADDRESS						
CITY-ST-ZIP			6.4 CITY-S							
14. I hereby o	certify that the information supplied with this filing	does not qualify for	the exemp	tion stated	l in Section 119.07	i (3)(i), Florida Sta se same legal effe	tutes. I further cer ct as if made und	tify that er oath:	the in	ormation am an

Country

30

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 attach ment with an address, with all other like empowered.

SIGNATURE:

2-26-99

(305) 381-8340