


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90003 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000000557					
1. Corporation Name PRODEMI, INC.					
Principal Place of Business 1631 NW 16TH AVE MIAMI FL 33125 US			Mailing Address 1631 NW 16TH AVE. MIAMI FL 33125		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/31/1997	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0753910	
22 City & State		27 City & State		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		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 CANALES, VICTOR 1631 NW 16TH AVE. MIAMI FL 33125				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANALES, VICTOR			1.2 NAME	VICTOR CANALES		
STREET ADDRESS	1631 NW 16TH AVE.			1.3 STREET ADDRESS	1631 NW 16TH AVE		
CITY-ST-ZIP	MIAMI FL 33125			1.4 CITY-ST-ZIP	MIAMI FL 33125		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ACEVEDO, WALTER			2.2 NAME	EDDY SOLIS		
STREET ADDRESS	643 SW 1 ST.			2.3 STREET ADDRESS	1470 W 40 ST		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	MIAMI FL		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SOLIS, EDDY			3.2 NAME	JOHN WAYNE SHOLLETTE		
STREET ADDRESS	1470 W. 40 ST.			3.3 STREET ADDRESS	8775 S.W. 12 ST.		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	MIAMI FL 33174		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALMENDAREZ, WILBERTO			4.2 NAME	WILBERTO ALMENDAREZ		
STREET ADDRESS	330 NW 16 AVE.			4.3 STREET ADDRESS	330 NW 16 AVE		
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP	MIAMI FL		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	ALBERTO DE LA ROSA		
STREET ADDRESS				5.3 STREET ADDRESS	112 NW 26 AV		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	MIAMI FL 33125		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed/ or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF VICTOR CANALES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 1, 99

Date

305-324-7509

Daytime Phone #

CR2E037 (5/99)