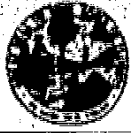


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED
95 MAY -1 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
FLORIDA DEPARTMENT OF STATE
Sandra B. Alexander
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P92000000340 (9)
1. Corporation Name
PRATAS, INC.

Principal Place of Business: 9531 BAY PINES BLVD, SEMMOLE FL 33708, US
Mailing Address: 7467 BAYSHORE DR, APT 204, TREASURE ISLAND FL 33706-3594, US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21-24)
2a. Mailing Address (25-29)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country

3. Date Incorporated or Qualified: 10/28/1992
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-3148058
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
**ROWE, JAMES C ESQ
RIDEN, EARLE & KIEFNER, P.A.
100 SECOND AVE. SOUTH, SUITE 400N
ST. PETERSBURG FL 33701**

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 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 the # applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS
TITLE: P
NAME: JONES, ROBIN S
STREET ADDRESS: 7467 BAYSHORE DR
CITY - ST - ZIP: TREASURE ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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 set on attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 5/27/95 (813) 397-412