

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000002606 (0)

1. Corporation Name

JOSEF PROSEK ENTERPRISES, INC.



Principal Place of Business

3399 VIRGINIA STREET
860 IN THE MAYFAIR
COCONUT GROVE FL 33133
US

Mailing Address

25505 SW 182 AVE
HOMESTEAD FL 33031

3. Date Incorporated or Qualified

01/12/1993

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0395724

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.042,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 660 N.E. 8^{1/2} STREET

Suite, Apt. #, etc.

22 City & State

23 HOMESTEAD, FL

Zip

24 33030

Country

25 DADE

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

PROSEK, GAIL A
25505 SW 182 AV
SUITE 203
HOMESTEAD FL 33031

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 607.07(2) and 607.1506, 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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (if applicable)

Signature of Registered Agent (signature required on filing)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
P	PROSEK, JOSEPH	25505 SW 182 AVE	HOMESTEAD FL 33031-1886	☐
VP	PROSEK, MILUSE	25505 SW 182 AVE	HOMESTEAD FL 33031-1886	☐
ST	PROSEK, GAIL, A	25505 S.W. 182 AVE	HOMESTEAD FL 33031-1886	☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. ☐ Change ☐ Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY-ST-ZIP<td>☐ Change ☐ Addition</td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY-ST-ZIP<td>☐ Change ☐ Addition</td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY-ST-ZIP<td>☐ Change ☐ Addition</td></td>	2.4 CITY-ST-ZIP <td>☐ Change ☐ Addition</td>	☐ Change ☐ Addition
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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 registered 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: *Gail A. Prosek* GAIL A. PROSEK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

773 96 (305) 246 1936

CR2E034 (12/95)