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

PRCFIT CORPORATION ANNUAL REPORT 1996



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

P93000039748 (7) **DOCUMENT #**

EQUIT	y one (delta) inc.				
Principal Place	of Business	Mailing Address			MANIA WASAN ANIAN ANAN ANAN MASAN ANAN ANA
777 - 17TH	ST.	777 - 17TH ST.			
PENTHOUSE	SUME	PENTHOUSE SUITE			
MIAMI BCH. US	FL 33139	MIAMI BCH. FL 33139 US		3. Date Incorporated or Qualified 05/27/1993	3a. Date of Last Report 04/26/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0477474	Not Applicable
Suite, Apt. :	#, etc:.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes Yes	
24	25 9. Name and Address of Cu		1301	10. Name and Address of New R	
L	9. Name and Address of Oa	Total Trogramme	81 Name		
MAT714	AN CHAIN		20 5114	dress (P.O. Box Number is Not Acceptab	No.
KATZMAN, CHAIM 777 - 17TH ST.			82 Street Add	gress (P.O. Box Number is Not Acceptab	ie,
	OUSE SUITE		83		
	BCH FL 33139				85 Zıp Code
MIN-MAIL I	DOI: 1 F 00103		84 City		FL 85 Zip Code
familiar wi	red agent, or both, in the State Ornith, and accept the obligations of, \$ Signature, typed or printed name of registered.	Section 607,0505, Florida Statutes.	F Registered Agont signature requi		DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TILLE	PSD	☐ DELETE	1. 1 TITLE		Change Addition
NAM:	CHAIM KATZMAN		1.2 NAME		
STREET ADDRESS	777- 17TH STREET PH		1.3 STREET ADDRESS		
CiTY-S! - ZIP	MIAMI BCH., FL 33139	ra perete	1.4 CITY - ST - 7IP		☐ Change ☐ Addition
1 HILF	VP	☐ DELETE	2. 1 Title		G thange G hadren
NAME	DORON VALERO	NICE CITE	2.2 NAME		
STREET ADDRESS	777 - 17TH ST., PENTHO MIAMI BCH. FL 33139	JUSE SUITE	2.3 STREET ADDRESS		
CITY ST ZIP	MIAMI DUTI. PL 33139	DELETE	2 4 CITY - ST - ZIP 3 1 TITLE		☐ Change ☐ Addition
TITLE			3.2 NAME		
NAMÉ ONDEST ADERESES			3.3 STREET ADDRESS		
STREET ADDRESS			3.4 CHTY-ST-ZIP		
CITY-ST-ZIP TITUE		☐ DELETE	4.1 TITLE		Change Addition
NAME	[4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAM:			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
THILF		☐ DELETE	6 1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
1	1		0 1 0 17 1 TID		

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 couporation 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: __

OF SIGNING OFFICER OR DIRECTOR

4/22/96 305 672 1234