FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -1 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000058053 (8)

1. Corporation Name
PROFIT BY ANALYSIS, INC.

Principal Place of Business	Mailing Address
C/O B. PEREZ, 11TH FLOOR 150 ALHAMBRA CIRCLE CORAL GABLES FL 33136	C/O B. PEREZ, 11TH FLOOR 150 ALHAMBRA CIRCLE CORAL GABLES FL 33136

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/19/1993
3a. Date of Last Report: 05/19/1994

2. Principal Place of Business	2a. Mailing Address
21 1200 MADRID STREET	26 1200 MADRID STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: CORAL GABLES FLORIDA	28 City & State: CORAL GABLES FL
24 Zip: 33134 25 Country: USA	29 Zip: 33134 30 Country: USA

4. FEI Number: 65-0430832 ☐ Applied For ☐ Not Applicable

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

TEINTZE, JURGEN H
C/O B. PEREZ, 10TH FLOOR
150 ALHAMBRA CIRCLE
CORAL GABLES FL 33136

10. Name and Address of New Registered Agent

81 Name: JURGEN TEINTZE
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1200 MADRID STREET
84 City: CORAL GABLES 85 FL Zip Code: 33134

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: _____ 2/21/95
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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	TEINTZE, JURGEN H	1.2 NAME	
STREET ADDRESS	70 BRAEBURN DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ 08560	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ JURGEN H. TEINTZE 2/21/95 (305) 445 5410
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

0130073 CP