

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 27 1998 8:00am  
Secretary of State

|  |   |  |
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| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # P93000065908 (4)

1. Corporation Name  
PROCIRC, INC.



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| Principal Place of Business<br>2100 CORAL WAY<br>300<br>MIAMI FL 33145<br>US | Mailing Address<br>2100 CORAL WAY<br>300<br>MIAMI FL 33145<br>US |
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DO NOT WRITE IN THIS SPACE

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 2. Principal Place of Business<br>21 2937 SW 27th Ave.<br>Suite, Apt. #, etc.<br>22 301<br>City & State<br>23 Miami, FL<br>Zip<br>24 33133 |  | 2a. Mailing Address<br>26 SAME<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29<br>Country<br>30 USA |  | 3. Date Incorporated or Qualified<br>09/22/1993                     |  |
|  |  | 4. FEI Number<br>65-0439632   |  | Applied For<br>Not Applicable                                       |  |
|  |  | 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required                                      |  |
|  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                     |  | \$5.00 May Be Added to Fees   |  |
|  |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.                 |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |


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| 9. Name and Address of Current Registered Agent<br>FRANTZ, JEFFREY W ESQ.<br>12550 BISCAYNE BLVD.<br>STE. 406<br>NORTH MIAMI FL 33181-4 |  | 10. Name and Address of New Registered Agent<br>81 Name Robert Cohen / C/O Pro Circ, Inc.<br>82 Street Address (P.O. Box Number is Not Acceptable) 2937 SW 27th Ave.<br>83 Suite 301<br>84 City Miami FL 85 Zip Code 33133 |  |
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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  ROBERT COHEN DATE 4-20-98

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| 12. OFFICERS AND DIRECTORS                     |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPST<br>COHEN, ROBERT<br>C/O 2100 CORAL WAY STE. 300<br>MIAMI FL <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>c/o 2937 SW 27th Ave. Suite 301<br>Miami, FL 33133 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  ROBERT COHEN 4-20-98

CR2E034 (10/97)