


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

FILED
Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90106 049 ****150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000085144

1. Corporation Name
PROMAN INTERNATIONAL, INC.

Principal Place of Business 1515 UNIVERSITY DRIVE SUITE 109 CORAL SPRINGS FL 33071 US	Mailing Address 1515 UNIVERSITY DRIVE SUITE 109 CORAL SPRINGS FL 33071 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/14/1993		4. FEI Number 59-2499610		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing <input type="checkbox"/>		Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent SULLIVAN, WILLIAM F 2401 E ATLANTIC BLVD SUITE 410 POMPANO BEACH FL 33062				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	NAME	CASSIDY, JOSEPH	1.1 TITLE		1.2 NAME	
STREET ADDRESS		DDREIFALTIGKEITSSTRASSE 19A		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP	D-440625	DUSSELD, GERMANY		2.1 TITLE		2.2 NAME	
TITLE	D	NAME	MOUGET, ERICH	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
STREET ADDRESS		DDREIFALTIGKEITSSTRASSE 19A		3.1 TITLE		3.2 NAME	
CITY-ST-ZIP	D-440625	DUSSELD, GERMANY		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	D	NAME	KASTNER, HERMAN	4.1 TITLE		4.2 NAME	
STREET ADDRESS		DDREIFALTIGKEITSSTRASSE 19A		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP	D-440625	DUSSELD, GERMANY		5.1 TITLE		5.2 NAME	
TITLE	D	NAME	POWERS, ROBERT W	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
STREET ADDRESS		4122 NW 79 AVE		6.1 TITLE		6.2 NAME	
CITY-ST-ZIP		CORAL SPRINGS FL 33065		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:  Robert W. Powers
CORP. Secretary
1/28/99 (954) 344-8333

CR2E034 (11/98)