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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000024985 (1)

PRT ENTERPRISES & CONSULTING SERVICES, INC.

9100 S. DADELAND BLVD. 906 MIAMI FL 33156 US 2. Principal Place of Business		9100 S. DADELAND BLVD. 908 MIAMI FL 33156-7815 US		3. Date Incorporated or Qualified 04/01/1994	3a. Date of Last Report 03/07/1996
				4. FEI Number	Applied For
	SW 108 STREET	26 13121 SW 10	ON STREET	65-0478875	Not Applicable
Suite, Apt	417	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	"- FLORIDA	City & State 28 MiAmi - F		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33/8			Country 30 USA		Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	gistered Agent
NELSON, GARY			81 Name		
	BRICKELL AVE. FLOOR		82 Street Add	ldress (P.O. Box Number is Not Acceptable)	
MIAI	MI FL 33131		83		
			B4 City		FL 85 Zip Code
office or n agent I ar SfGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the oblig 5 graphs. Typed or procedure of registered a	te of Florida. Such change was a gations of, Section 607.0505, Flo	authorized by the corpora	poration submits this statement for the p ation's board of directors. I hereby accep- ulted when reinstating)	of the appointment as registered
12.	OFFICERS AF	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	TEIXEIRA, PAULO R		1.2 NAME		
STREET ADDRESS	13121 SW 108TH STREET		1.3 STREET ADDRESS		
CHY+S1+20P	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	SD	DELETE	2.1 TITLE		Change Addition
NAME	TEIXEIRA, DULCELINA C		2.2 NAME	· ·	
STREET ADDRESS	13121 SW 108 STREET		2.3 STREET ADDRESS		Harris Comment
CITY - \$1 - ZIP	MIAMI FL		2. 4 City-St-ZIP		
TITLE		DEFELE	3.1 TITLE		Change Addition
NAME			3.2 NAME	'	
STREET ADDRESS			3.9 STREET ADDRESS		·
E/TY-S1-ZIP TITLE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		Deteri	4. 2 NAME		Onlinge //ode(is)
1					
STREET ADDRESS OTY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
101(E		DELETE	5.1 TITLE		Change Addition
NAME		Bread b	5.2 NAME	•	. 9
STREET ADDRESS			5.3 STREET ADDRESS		
CHA-21-516			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		<u> </u>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	•	
Ann or tip			5.5 STREET ROOMESS	•	

SIGNATURE:

14. I do 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 chapted, or on an attachment with an address.

FILED

Feb 18 1997 8:00am

Secretary of State