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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000052270 (3)

1. Corporation Name
2 PRO, INC.



Principal Place of Business

11510 W. SAMPLE RD.
#6
CORAL SPRINGS FL 33065
US

Mailing Address

11510 W. SAMPLE RD.
#6
CORAL SPRINGS FL 33065-2646
US

3. Date Incorporated or Qualified
07/14/1994

3a. Date of Last Report
05/01/1996

4. FEI Number

65-0505211

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

2. Principal Place of Business

21 10361 WEST Sample Rd

Suite, Apt. #, etc.

22 CORAL Springs Florida

City & State

23 33065

Zip

Country

24

2a. Mailing Address

26 10361 WEST Sample Rd

Suite, Apt. #, etc.

27 CORAL Springs Florida

City & State

28 33065

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CROWN, BRUCE N ESO
15490 NW 7TH AVE
SUITE 205
MIAMI FL 33169

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

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME VAZQUEZ, YVONNE
STREET ADDRESS 8891 WILES RD
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CORPORATE OFFICER ☐ Change ☒ Addition
1.2 NAME Gillian S. Hodge
1.3 STREET ADDRESS 8955 WILES Rd #103
1.4 CITY-ST-ZIP CORAL Springs FL 33067

2.1 TITLE President ☒ Change ☐ Addition
2.2 NAME YVONNE VAZQUEZ
2.3 STREET ADDRESS 8955 WILES Rd #103
2.4 CITY-ST-ZIP CORAL Springs FL 33067

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address.

SIGNATURE: *Gillian S. Hodge*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97 *LA54346-0808*
Date Daytime Phone #

CR2E034 (9/96)