FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000070212 (3)

1. Corporation Name

PRINPASA, INC.

Principal Place of Business
20533 BISCAYNE BLVD.. SUITE 4215
NORTH MIAMI FL 33180

Mailing Address
20533 BISCAYNE BLVD.. SUITE 4215
NORTH MIAMI FL 33180

3. Date Incorporated or Qualified: 09/22/1994
3a. Date of Last Report: 04/26/1995
4. FEI Number: 65-0523307 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] $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 3701 N.Country Club
Suite, Apt. #, etc.
22 1603
City & State
23 Aventura, FL
Zip 24 33180 Country 25 US

2a. Mailing Address
26 3701 N. Country Club
Suite, Apt. #, etc.
27 #1603
City & State
28 Aventura FL
Zip 29 33180 Country 30 US

9. **Name and Address of Current Registered Agent**

DALE, CHARLES S JR.
414 N.E. FOURTH STREET
FORT LAUDERDALE FL 33301

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	CRUZ-LIPMAN, EVELYN	
STREET ADDRESS	20533 BISCAYNE BLVD., SUITE 4215	
CITY-ST-ZIP	NORTH MIAMI FL 33180	
TITLE	D	[ ] DELETE
NAME	RAMOS, RONALD	
STREET ADDRESS	20533 BISCAYNE BLVD #4-215	
CITY-ST-ZIP	N MIAMI FL	
TITLE	D	[ ] DELETE
NAME	CRUZ-DEJESUS, AIDA	
STREET ADDRESS	20533 BISCAYNE BLVD #4-215	
CITY-ST-ZIP	N MIAMI FL	
TITLE		[ ] DELETE
NAME		
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	D/P/T	[X] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS	3701 N. Country Club Dr. #1603	
1.4 CITY-ST-ZIP	Aventura FL 33180	
2.1 TITLE	D/Secretary	[X] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS	3701 N. Country Club Dr., #1603	
2.4 CITY-ST-ZIP	Aventura FL 33180	
3.1 TITLE	D/VP	[X] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS	3701 N Country Club Dr #1603	
3.4 CITY-ST-ZIP	Aventura FL 33180	
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		

CR2E034 (12/95)

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)(k), 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: Evelyn Cruz-Lipman, Pres. 4-4-96 (305) 936-8826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EVELYN CRUZ-LIPMAN, President