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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000070212 (3)

PRINPASA, INC.

Principal Place	Madisa Addans	7000									
l '		Mailing Address	3701 N. COUNTRY CLUB								
3701 N. COUN	ITRY CLUB										
1603   Aventura Fl	33180		AVENTURA FL 33180-1720								
US US						3. Date Incorporated or Qualified 3a. Date of Last Report 09/22/1994 04/10/1996					
2. Principal P	lace of Business	2a. Mailing Address				4. FEI				Applied For	
21		26							lot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				1			\$8.75	Additional	
22		27	27			<b>5.</b> Cen	ficate of Status Desired		Fee F	beriupef	
City & State	e	City & State	City & State			6. Elec	ion Campaign Financing		\$5.00	May Be	
23						Trus	Fund Contribution		Added	to Fees	
Zip	Country	Zıp		intry		8. This	corporation has liability for i			s. 199.032,	
24	25	29	30			Florida Statutes Yes No					
	9, Name and Address of Curren	t Registered Agent			<del></del>	10. Name and Address of New Registered Agent					
DALE, CHARLES S JR.				81 Name							
	N.E. FOURTH STREET		82 Street			ress (P.O. B	ox Number is Not Acceptab	le)			
FOF	RT LAUDERDALE FL 33301										
				83							
				84	City			FL	B5 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utos, the a	povo	named corp	poration sub	mits this statement for the p		nanging	its registered	
agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligi	ations of, Section 607.0505,	s authorize Florida Sta	a by tutes	the corporati s.	iion s board	or directors, it nereby accep	i ine appoin	iment a	s regisierea	
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable (NOTE  12, OFFICERS AND DIRECTORS				Registered Agent signature requests 13.			(IONS/CHANGES TO OFFIC	DATE FRS AND D	IBECTO	RS IN 12	
TITLE	OPT DELETE			1.1 TIBLE		וטטו	HONO/OF IANGES TO OF TO		Change		
NAME			1.2 NAME					,			
STREET ADDRESS	CRUZ-LIPMAN, EVELYN 3701 N. COUNTRY CLUB DR.	#1603	1.3 STREET ADDRESS		\$2390EA						
CITY-ST-ZIP	AVENTURA FL	# 1000			1.4 DITY-ST-ZIP						
TITLE	DS	DELETE		2.1 117LE			· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME	RAMOS, RONALD				2.2 NAME			_	,		
STREET ADORESS	3701 N. COUNTRY CLUB DR.	#1803			ADDRESS						
1 .	AVENTURA FL	* 1000									
CITY-ST-ZIP TITLE	DVP	DELETE		2. 4 CITY - ST - ZIP 3.1 TITLE				····	Change	Addition	
NAME	ORUZ-DEJESUS, AIDA	_ peccit	3.1 M					L.	_ county	- Addition	
STREET ADDRESS 3701 N. COUNTRY CLUB DR. #1603					ADDDESC						
A STATE OF					ADDRESS					ĺ	
CITY-ST-ZIP TITLE				HTY-S TLE	11- ZIY			Т	Change	Addition	
NAME		- vecent	4.1 11 4.2 N					L	, onange		
1					ADDOLÇÇ						
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			4.3 STREET ADDRESS							
CITY-ST-ZIP TITLE	ST-ZIP DELETE			4.4 CHY-ST-ZIP 5.1 TITLE					Change	Addition	
		L. VILLIE		5.1 THE 5.2 NAME				L	, onange	C Manderal	
NAME CERTEX ARCOCOC					1000100					ĺ	
STREET ADDRESS					ADDRESS						
CITY-ST-2IP		DELETE	5.4 CITY - ST - ZIP			·	<del></del>		Change	Adding	
TITLE		DELETE	6.1 TI					L	] Change	Addition	
NAME	·		6.2 N								
STREET ADDRESS			6.3 S	TREET	ADDRESS						

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

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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 eath; 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

YN BRUZ-