		CUCTIONS	neëone'o	OMBI ETI	NO TINO E	NDM.	7
PLEASE READ APPLICATION FOR	FLORIDA	A DEPA 11M Sandal E	T OF STA	OMP	NG THIS FC	JINIVI.	
	<i>!</i> Di	Sec VISION OF CO.	ONS		FILE		
DOCUMENT # P 9 4 0 0 0 0 7 0 9 6 3  1. Corporation Name				97 JAN 21 PM 1:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 2555 Collins Ave, \$ 1901 Miami Beach, Fl. 33140	2555	Address Collins AUC. II Beach, F					
If above addresses are incorrect in any way, line throng. New Principal Office Address, If Applicable		nformation and enter c ng Address, If Applica			DO NOT WRITE I		
Suite, Apt. #, etc. Suite, Apt. #, e		etc.		To Do Busir 5. FEI Number	ness in Florida	11/01/	
City & State City & State				65.03	29520		Applied For Not Applicable
Zip Country	Zip	Country		6. CERTIFICATI	E OF STATUS DESIRED		ional Fee required ificate of Status
7. Names and Street Addresses of Each Officer and	or Director (Flo				I		
Title(s) Name of Officers and/or Directors 2	Offi	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
V.P. Luiz F. Schroe	2555 Collins Aue # 1901			MIAMI BO	LACH, FI	33140	
P Fernando Patric	RWA francisco da Silveira, 13			Rio de Ja	neiro, bi	LAZIL	
				90	-01/23/9	16611: 9701056 9 <del>00 ***</del>	
8. Name and Address of Current	Registered Age	ent		9. Name and	Address of New Reg	istered Agent	
Name							
TERNANDO SOTIODENER				et Address (P.O. Box Number is Not Acceptable)			
			City State Zip Code				
10. I, being appointed the registered agent of the abo			th and accept the of	bligations of Sect	ion 607.0505, F.S.	<b>FL</b>	
Signature of Registered Agent	EGISTERED AG	CE				J 17/97	1
11. Does this corporation pay a Dept. of Revenue under S.	any intanç 199.032,	gible tax to th Florida State	e utes. Yes	X No [	(See	other side for inf on intangible ta	
12. I do hereby certify that the information supplied lease the Division of Corporations from any liabil certify that I am an officer or director or the receithis reinstalement application the reason for disfees owed by the corporation have been paid. I under oath.  SIGNATURE:	ity of non-compl eiver or trustee e solution has bee	nance with Section 119 mpowered to execute an eliminated, the corp	9.07(3)(k) in the even this application as porate name satisfi	ent that the inform provided for in c es the requireme	nation supplied is dea hapter 607 or 617, F nts of section 607.04	emed exempt from S. I further certif 101 or 617.0401, the same legal	n public access. I y that when filing F.S., and that all

## PRODIG INTERNATIONAL CORPORATION

2555 COLLINS AVENUE # 1901 MIAMI BEACH FLORIDA 33140

PHONE: (305) 534 4499

FAX: (305) 534 8300

WAREHOUSE: 13416 S. W. 131 STREET MIAMI FLORIDA 33186 OFFICES IN BRAZIL: RIO DE JANEIRO & SAO PAULO

Miami, January 17 th 1997

Florida Department of State Division of Corporations

Dear Sirs,

We hereby confirm to you that we never received The Annual Report for 1996.

Our correct mailing address is as follows:

2555, COLLINS AVENUE SUITE 1901 MIAMI BEACH FLORIDA 33140

Please find enclosed our Citibank check # 1620 in the amount of US\$ 365.00

for Annual Report of 1996 and 1997.

Thank you.

Fernando Schroeder

Vice- President