


FILED

Jun 26 1997 8:00am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 94000093555 1. Corporation Name PROSTIGE ADVERTISING INC					
2. Principal Place of Business 12000 BISCAYNE BLVD SUITE 411 MIAMI FL. 33181			3a. Date of Last Report 12/94		
21. Principal Place of Business Suite, Apt. #, etc.		26. Mailing Address Suite, Apt. #, etc.		4. FEI Number 650560212	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip Country		28. Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24.			29.		
25.			30.		
9. Name and Address of Current Registered Agent STAN RISKIN 499 NW 70TH AVE SUITE 101 PLANTATION FL. 33317			10. Name and Address of New Registered Agent		
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.			81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and the filer, cable (NOTE: Registered Agent signature required when re-registering)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE: PRES <input checked="" type="checkbox"/> DELETE NAME: MARCIA KOENIG STREET ADDRESS: 33181 CITY-ST-ZIP: 12000 BISCAYNE BLVD MIAMI, FLA			11. TITLE: PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12. NAME: JEFF SHOUBS 13. STREET ADDRESS: MIAMI, FLA. 14. CITY-ST-ZIP: 12000 BISCAYNE BLVD 33181		
21. TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:			21. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 22. NAME: 23. STREET ADDRESS: 24. CITY-ST-ZIP:		
31. TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:			31. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 32. NAME: 33. STREET ADDRESS: 34. CITY-ST-ZIP:		
41. TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:			41. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 42. NAME: 43. STREET ADDRESS: 44. CITY-ST-ZIP:		
51. TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:			51. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 52. NAME: 53. STREET ADDRESS: 54. CITY-ST-ZIP:		
61. TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:			61. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 62. NAME: 63. STREET ADDRESS: 64. 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)(c), Florida Statutes. I further certify that the information included 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: JEFF SHOUBS President 6-24-97 <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

AMENDED 6/26/97

FL 85 Zip Code

6/26

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***61.25

305-892-6450