

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000004800 (5)**

1. Corporation Name

**PRADO INVESTMENT CORPORATION**



Principal Place of Business

Mailing Address

4160 W. 16TH AVENUE  
SUITE 402  
HIALEAH FL 3301

4160 W. 16TH AVENUE  
SUITE 402  
HIALEAH FL 3301

3. Date Incorporated or Qualified  
**01/19/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

**33137**

**USA**

4. FEI Number

**65-0551473**

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

9. Name and Address of Current Registered Agent

**VALDES, JUAN E  
4160 W. 16TH AVENUE  
SUITE 402  
HIALEAH FL 33012**

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, type or printed name of registrant, agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **PD  
MIRANDA, ARNALDO**  
STREET ADDRESS **141 N.E. 24TH ST.**  
CITY-STATE-ZIP **MIAMI FL 33137**

TITLE  DELETE

NAME **VD  
DE SACA, CATALINA N**  
STREET ADDRESS **141 N.E. 24TH ST.**  
CITY-STATE-ZIP **MIAMI FL 33137**

TITLE  DELETE

NAME **TD  
SUAREZ, JOSE**  
STREET ADDRESS **141 N.E. 24TH ST.**  
CITY-STATE-ZIP **MIAMI FL 33137**

TITLE  DELETE

NAME **SD  
SACA, VICTOR**  
STREET ADDRESS **141 N.E. 24TH ST.**  
CITY-STATE-ZIP **MIAMI FL 33137**

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

**STD**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ARNALDO MIRANDA**

Date

Daytime Phone #

**3/17/96 (305) 576-6951**

CR2E034 (12/95)