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

PROFI CORPORATION ANNUAL REPORT

1997

Lam an officer or director appears in Block 12 or B



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POSOCOCO (A)

| Principal Place of Business 1834 NW 677H AVENUE MIAMI FL 33015 Mailing Address Mailing Address POST OFFICE BOX 170665 | | | | | |
|---|--|----------------------------------|--|---|-----------------------------------|
| | | | | · · · | Date of Last Report |
| 2. Principal P | Tace of Business | 2a. Mailing Address | | 04/19/1995 0 4. FEI Number | 14/24/1996 Applied For |
| 21 | | 26 | | 65-0581874 | Not Applicable |
| Suite, Apt | #, etc. | Suite. Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | е | City & State | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Ζφ | Country | Zip | Country 30 | 8. This corporation has liability for intang | |
| 24 | 9. Name and Address of Currer | | 30] | 10. Name and Address of New Register | |
| CIA | NTON, DAVID | | 81 Name | | |
| 6133 NW 181ST TERRACE CIRCLE SOUTH | | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | |
| MIAMI FL 33015 | | | | | |
| | | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| 11 Purement | to the requisions of Sections 607 050 | 12 and 607 1508 Florida Statute | es the above named cor | | |
| office or / | registered agent, or both, in the State | of Florida Such change was a | uthorized by the corpora | poration submits this statement for the purposition's board of directors. I hereby accept the | appointment as registered |
| i e | an ramiliar with, and accept the oblig | alions of, because our obod. Flo | iida Siaiolos. | | |
| SIGNATURE | Signature, typed or printed name of registered age | | : Registered Agent signature requ | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS / | |
| TITLE | DAVID CLANTON | ☐ DELETE | 1.1 T(TLE | | Change Addition |
| NAME STREET ADDRESS | DAVID CLANTON 6133 NW 181 TER CIR SO | | 1.2 NAME 1.3 STREET ADDRESS | | |
| CITY - ST - 7IP | MIAMI FL | | 1.4 CITY-ST-ZIP | | |
| THEF | SVP | DELETE | 2.1 TITLE | | Change Addition |
| NAME | RHONDA CLANTON | | 2.2 NAME | | |
| STHEET ADDRESS | 6133 NW 181 TER CIR SO | | 2.3 STREET ADDRESS | | |
| CHY-ST-ZIP | MIAMI FL | | 2 4 CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | |
| TIFLE | | DELETE | 3 1 TITLE | | - Change Addition |
| NAME | | , | 3.2 NAME | | Í |
| STREET ADORESS | | | 3.3 STREET ADDRESS | | |
| CITY - ST - 7IP | | DELETE | 3.4. CITY - ST - ZIP | | Change Addition |
| TITLE NAME | | [] Deter | 4.1 TITLE 4.2 NAME | | Figuration Filtransport |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | i i | 4.4 CITY-ST-ZIP | | |
| THEF | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | | |
| CHY-ST-ZF | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 61 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STHEET ADDRESS | | | 6.3 STREET ADDRESS | | |

RHONDA CL 305-820-0010 SIGNATURE

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 of 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 changes, or organizate themselves.