

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 16 1996 8:00 am
Secretary of State

DOCUMENT # P95000063377 (2)

1. Corporation Name
PROFASA CORP.

Principal Place of Business

5060 SW 154 COURT
MIAMI FL 33185-4422

Mailing Address

5060 SW 154 COURT
MIAMI FL 33185-4422

2. Principal Place of Business

21 4600 SW 154 Place

Suite, Apt. #, etc.

22 City & State

23 Miami, FL

24 Zip

33185

Country

2a. Mailing Address

26 4600 SW 154 Place

Suite, Apt. #, etc.

27 City & State

28 Miami, FL

29 Zip

33185

Country

3. Date Incorporated or Qualified
08/16/1995

3a. Date of Last Report

4. FEI Number

65-0603644

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

Jorge Vargas

82 Street Address (P.O. Box Number is Not Acceptable)

4600 SW 154 Pl.

83

84 City

Miami

FL

85 Zip Code

33185

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

Jorge Vargas

X

Signature typed or printed name of agent, change agent, and the corporation

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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