

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 # **P95000087389 (9)**

1. Corporation Name

**PRONAUTIC SPORTS & TRADING CORPORATION**

Principal Place of Business

**15 SOMBRERO BLVD.  
STE #208  
MARATHON FL 33050**

Mailing Address

**15 SOMBRERO BLVD.  
STE #208  
MARATHON FL 33050-2435**

2. Principal Place of Business

**21  
Suite, Apt. #, etc.**

2a. Mailing Address

**26  
Suite, Apt. #, etc.**

**22  
City & State**

**23  
Zip**

**27  
City & State**

**28  
Zip**

**29  
Country**

**30  
Country**

9. Name and Address of Current Registered Agent

**LERA, JOSE A  
15 SOMBRERO BLVD.  
STE #208  
MARATHON FL 33050**

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<b>TITLE</b>	<b>DP</b>	<input type="checkbox"/> <b>DELETE</b>	<b>1.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>LERA, JOSE A</b>		<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>15 SOMBRERO BLVD. #208</b>		<b>1.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>MARATHON FL 33050</b>		<b>1.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>DELETE</b>	<b>2.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>			<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>			<b>2.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>			<b>2.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>DELETE</b>	<b>3.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>			<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>			<b>3.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>			<b>3.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>DELETE</b>	<b>4.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>			<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>			<b>4.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>			<b>4.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>DELETE</b>	<b>5.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>			<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>			<b>5.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>			<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>DELETE</b>	<b>6.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>			<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>			<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>			<b>6.4 CITY - ST - ZIP</b>	

14. I do hereby certify that the information supplied with this filing 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 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:

**JOSE A. LERA**

*JOSE A. LERA*



FILED  
Apr 24 1997 8:00am  
Secretary of State

CR2E034 (9/96)