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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

P95000091822 (3) DOCUMENT #
1. Corporation Name

PRONFT	OF THE	AMERICAS.	. INC

Mone	OF THE PARENTONO, INC.				
Principal Place	of Business	Mailing Address) (BRICED) JOS (BRE) BOTO SAID) BRON BRON BROND (BROND 1980) AND
3000-1 HARTLE JACKSONVILLE		3000-1 HARTLEY RD. JACKSONVILLE FL 3225	7		
					3. Date Incorporated or Qualified 3a. Date of Last Report 12/01/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-335404/ Not Applicable \$8.75 Additional
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
22 City & State		City & State		J. 41117	6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Ζιρ	Countr	У	8. This corporation has liability for intangible tax under s 199.032,
24	25	29	30		Florida Statutes Yes No
	9. Name and Address of Currer	nt Registered Agent	8	II Name	10. Name and Address of New Registered Agent
			Ľ	1	
	, F. FRANCIS		8:	Street A	ddress (P.O. Box Number is Not Acceptable)
	ARTLEY RD.		8:	3	
JACKSUR	VILLE FL 32257				B5 Zip Code
			84	1 City	FL B5 Zip Code
11. Pursuant t	o the provisions of Sections 607,050	2 and 607.1508, Florida Statut	es, the above	named corp	poration submits this statement for the purpose of changing its registered office
I or register	ed agent, or both, in the State of Flori th, and accept the obligations of, Sec	ida. Such change was authoriz	rea by the cor	poration's D	loard of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE	, -				
	Signature, typod or printed name of registered agen			ent signature rec	aured when reinstaling! DA1E ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	T	ID DIRECTORS DELETE	13.	т	Change Addition
TITLE	D TOLEY THOUSAND	[] otten	1. U IIIL		
NAME	FOLEY, THOMAS D			ET ADDRESS	
STREET ADDRESS	11541 LANE PARK RD. TAVARES FL 32778			1	
CITY-ST-ZIP	D	[7] DELETE	1.4 CHY+ST-ZIP 2 1 TITLE		Change Addition
NAME	LIZARDI, PEDRO L		2.2 NAM		
STREET ADDRESS	11410 LANE PARK RD.		2.3 S1RE	ET ADDRESS	
CITY-ST-ZIP	TAVARES FL 32778		2.4 CITY	-\$1-ZIP	
TITLE	D	DELETE	3. 1 TITL		- : - Change Addition
NAME	MCEWEN, TERRY C		3 2 NAM	E	
STREET ADDRESS	11435 LANE PARK RD.		33 SIR	FT ADDRESS	
CITY-ST-ZIP	TAVARES FL 32778		3.4 CITY		Change Addition
TITLE		DELETE	4. 1 TITU	€ ₁	VICE PUESIDENT Change X Addition F. FRANCIS HUGSHES
NAME			4.2 NAM	tt	3000-1 HATTLY 6040
STREET ADDRESS				EF ADDRESS	JACK SOLVILLE FL 32257
CITY-ST-ZIP		DELETE	4.4 CHY 5 1 THE		Change Addition
TITLE		F' Orter it	5 2 NAM		based of based
NAME OTDECT ADDRESS				ET ADDRESS	
STREET ADDRESS				- ST - ZIP	
CITY-ST-ZIP TITLE		DELETE	6 1 TITU		Change Addition
NAME			6.2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIF				-ST-ZIF	

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 an attachment with an address.

SIGNATURE:

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

Date

Despire Plone 1

904 248 4575 Daytime Ptions #

CR2E034 (12/95)