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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000010136

1. Corporation Name

PROSPECT STATION, INC.

Principal Place of Business	Mailing Address
12398 S.W. 92ND AVENUE	12398 S.W. 82ND AVENUE
MIAMI FL 33156	MIAMI FL 33156
US	US

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90032 022 \*\*\*150.00



Principal Place	e of Business	Mailing Address							188 HILL BILL 1881
12398 S.W. 82ND AVENUE 12398 S.W. 82ND AVENUE MIAMI FL 33156 MIAMI FL 33156 US					DO NOT WRITE	IN THIS	SPACÉ		
00		00				3. Date Incorporated or Qualifed			
i						02/01/1996			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		<b>→</b>	Applied For
21		26				65-0639110			Not Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		Fee F	Additional Required
City & State		City & State				Trust Fund Contribution		Added	May Be d to Fees
Zip	Country	—— —— —— —— —— —— —— —— —— —— —— —— ——	ountry	У		8. This corporation owes the current year Inta			
24	25	29 30				Personal Property Tax.	_!	Yes	No
	9. Name and Address of Currer	nt Registered Agent	81	4),	Name	10. Name and Address of New Re	gisterea	Agent	
GOR	MAN, LENARD H		"	'   '	Name				
L .	S S. LEJEUNE RD		82	2 3	Street Addres	ss (P.O. Box Number is Not Acceptable	.e)		
	THOUSE 1-D		83	3					
	AL GABLES FL 33134			<u> </u>	<del></del>				
•			84	4 (	City		FL	85   Zir	o Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes, the	abov	ve-n	amed corpor	ation submits this statement for the pu	rpose of	changing if	ts registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was authorizations of, Section 607.0505, Florida St	ed by atutes	y the s.	e corporation	is board of directors. I hereby accept	ine appoi	numeni as i	egistered
SIGNATURE	<u> </u>	,							Į
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Registe	red Age	ent si	gnature required v		DATE		
12.		ND DIRECTORS 1:	3.			ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	PSTD	☐ DELETE 1.1	TITLE					Change	e
NAME	FONTECILLA, CARLOS	1.2	NAME						ì
STREET ADDRESS	12398 S.W. 82ND AVENUE	1.3	STREE	ET AD	DORESS				ļ
CITY-ST-ZIP	MIAMI FL 33156		CITY-S		?P				
TITLE		☐ DELETE 2.1	2.1 TITLE					☐ Change	e Addition
NAME		22	NAME	:					
STREET ADDRESS		2.3	STREE	ET AC	DRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP		ZIP			Change	Addition
TITLE			TITLE					Change	e Addition
NAME		i	NAME						1
STREET ADDRESS					DORESS				1
CITY-ST-ZIP			. CITY-		ZIP			Change	e Addition
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NAME			2 NAME						+
STREET ADDRESS			•		DORESS				ļ
CITY-ST-ZIP			CITY-S		JP			☐ Change	e Addition
TITLE			TITLE NAME						, LAGORON
NAME					NDE66				
STREET ADDRESS					DDRESS				
CITY-ST-ZIP			CITY-S		ır			Chance	e
TITLE			TITLE					Change	7 MOGILION
NAME		<b>P</b>	NAME						ĺ
STREET ADDRESS		6.3	STREE	ET AD	XDRESS				}

14. I 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 of mustee 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, with all other like empowered.

**SIGNATURE:** 

CR2E034 (11/98)