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

PRONT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham *

Secretary of State

DIVISION OF CORPORATIONS

FILED Feb 17 1997 8:00am Secretary of State

	TH STREET	Malling Address	Mailing Address 8081 S.W. 124TH STREET		3. Date Incorporated or Qualified 3a. Date of Last Report		
9 Principal P	lace of Business	2a, Mailing Address			03/08/1996 4. FEI Number		
21 Philicipal P	INCE OF DUSINESS	26			65 06 5588	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
P22 City & State		City & State	City & State		6. Election Campaign Financing	Fee Required	
23	U	28	-		Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zìp	Country	Zip	Count	ry	8. This corporation has liability for Intangile	<u> </u>	
24	25 9. Name and Address of Currer	29	30		Florida Statutes Yes 10. Name and Address of New Registere	No .	
BFI	MONTE, ALEJANDRO	iir Hoğistered Ağerit	В	1 Name	10. Name and Address of New Aspisters	h võõur	
	1 S.W. 124TH ST.		8	2 Street Add	Iress (P.O. Box Number is Not Acceptable)	r is Not Acceptable)	
MIA	MI FL 33176				(-	
			8	3			
			8	4 City	F	85 Zip Code	
SHENATURE 12. TITLE	m familiar with, and accept the oblig	ations of, Section 607.0505,	OTE Registered A 13. 1.1 TITLE	es. Igent signature requ	poration submits this statement for the purpose ation's board of directors. I hereby accept the approach the production of the purpose accept the approach that the production of the purpose accept the pu		
nal#e Street address	9081 S.W. 124TH ST.		1,2 NAM				
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY	ET ADDRESS - ST- ZIP			
TITLE			2.1 TITLE			Change Addition	
NAME			22 NAMI	E			
STREET ADDRESS	•			ET ADDRESS	•		
CITY-ST-ZIP TITLE			2. 4 C/TY 3.1 T/TLE			Change Addition	
NAME			3.2 NAMI	E			
STREET ADDRESS			a.3 STRE	ET ADDRESS			
CITY-ST-ZIP	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D priette	3.4. CITY			Adirect	
TITLE NAME		L DELETE	4.1 TITLE 4.2 NAM			L. Change L. Addition	
STREET ADDRESS				ET ADDRESS			
CITY - ST - ZIP			4.4 CITY	ì			
TITLE		DELETE	5.1 TITLE			Change Addition	
NANE			5.2 NAMI			1/1/10	
STREET ADDRESS				ET ADDRESS		11/21/1	
CITY - ST - ZIP		DELETE	5.4 CITY 6.1 TITLE		<u> </u>	Skynge Addition	
NAME			6.2 NAMI		5000020 91 0 -02/18/9701112	007	
STREET ADDRESS			6.3 STRE	ET ADDRESS	***165.00		
CFTY - ST - ZIP	by partify that the information symplic	ed with this filing does not aw	6.4 CITY		d in Section 119.07(3)(i), Florida Statutes, I furth	one postify 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 it 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.