

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

FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000043826 (2)

1. Corporation Name

PRIME BUSINESS, CORP.



Principal Place of Business

Mailing Address

7815 NW 72ND AVE
MIAMI FL 33188

7815 NW 72ND AVE
MIAMI FL 33188-2275

3. Date Incorporated or Qualified

05/22/1996

3a. Date of Last Report

2. Principal Place of Business

21 15315 S.W. 106 Terr

2a. Mailing Address

26 15315 S.W. 106 TERR

4. FEI Number

65-0666104

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 411

Suite, Apt. #, etc.

27 Suite 411

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 33196 25 U.S.A.

Zip

29 33196 30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

PAIVA, RODRIGO P
12912 S.W. 88TH TERRACE
MIAMI FL 33188

10. Name and Address of New Registered Agent

81 Name

PAIVA, RODRIGO P.

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

15315 S.W. 106 TERR

83

Suite 411

84 City

MIAMI

FL

85 Zip Code

33196

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

PAIVA, Rodrigo

1/16/96

Signature of person or printed name of registered agent and title of applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PAIVA, RODRIGO P	
STREET ADDRESS	12912 S.W. 88TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33188	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PV STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PAIVA, RODRIGO P.	
1.3 STREET ADDRESS	15315 S.W. 106 TERR STE 411	
1.4 CITY-ST-ZIP	MIAMI, FL 33196	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

[Signature] PAIVA, Rodrigo

1/16/97 (305) 388-4615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0229002

CR2E034 (9/96)