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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000051086 (2)

PRO ONE USA, INC.

Principal Place of Business Mailing Address											
4360 NORTHLA SUITE 205	AKE BOULEVARD Gardens fl 33410	4360 NORTHL SUITE 205	4360 NORTHLAKE BOULEVARD								
THOM DETERM						3. Date Incorporated or Qualified 3a. Date of Last Report 06/13/1996					
2. Principal Pl	lace of Business	2a. Mailing Ad	2a. Mailing Address				4. FEI Number			X Ap	plied For
21		26					APPUED	554-1RS			t Applicable
Suite, Apt.		27					5. Certificate o	f Status Desired		\$8.75 / Fee Re	
City & State	e		City & State					npaign Financing	_	\$5.00	
23	T Count	28				······································	Trust Fund (<u>u</u>	Added t	
Ζφ '	Country 25	Z _I p	30 Country				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
24	9. Name and Address of Current Registered						10. Name and Address of New Registered Agent				
WAS	SHOFSKY, MARTIN E EA P.A.				31	Name					
	O NORTHLAKE BOULEVARD			- -	32	Ctroot Astalea	ana /D.O. Boy Nive	ber is Not Acceptat	· ·		
	TE 205				24	Street Addre	BSS (P.O. DOX NUM	oer is not acceptat)()		
	M BEACH GARDENS FL 33410)						:		····	
				1	34	City		· · · · · · · · · · · · · · · · · · ·	FL	85 Zip (Code
41 Descript	to the provisions of Sections 607.05	02 and 607 1500 E	orido Ctotut	00 tho nh		nomed corn	oration submits thi	s statement for the		changina it	- ranistarad
office or re agent. La	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such ch gations of, Section 6	nange was a 07.0505, Fid	es, the abc authorized orida Statu	by tes.	the corporation	ion's board of direc	s statement for the potors. I hereby acce	pt the appo	sa tnemtnik	registered
SIGNATURE	Signature, typed or printed name of registered a						ed when re-nstating)		DATE		
12.		ND DIRECTORS	(10)	13.	- Vei	it eignizitite reduite		HANGES TO OFFIC		DIRECTOR	S IN 12
1011.1	PD		DELETE	11776	.E	1				Change	Addition
NAME	HACKSPIK, MARKKU			1.2 NAM	1E					•	
STREET ADDRESS	4360 NORTHLAKE BOULEVARD, SUITE 205			1.3 STREET ADDRESS							
CITY - ST - ZIP	PALM BEACH GARDENS FL			1.4 CITY							
TILLE			DELETE	2 1 TITL			·····	······································		Change	Addition
NAMC				2.2 NAN	Æ						
STREET ADDRESS				2.3 STA	EET A	ADDRESS					
COTY - \$1 - 7IP				2. 4 CIT	Y-\$1	T-ZIP					}
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NAME				3 2 NAN	AE.						
STREET ADDRESS				3 3 STR	EET A	ADDRESS		•			
CITY: ST-ZIP				3.4. CIT	Y-SI	F-ZIP					
TIFLE			DELETE	4.1 TITE				,		Change	Addition
MAME				4. 2 NAI	ME	ĺ					
STREET ADDRESS				4.3 \$TR	EET #	address					
C(1Y+S1-2IP			Delese	4.4 City		- ZIP				T 0.	11111111
1)TLF		L	DELETE	51 THL			•			Change	Addition
NAME				52 NAM							
STREET ADDRESS						ADDRESS					
CITY-S1-ZIP	·		DELETE	5.4 CIT		- 219				Change	Addition
THE		L	DELETE	6 1 TITL						Change	Addition
NAME				6.2 NAN							
STREET ADDRESS						ADDRESS					ļ
CITY - S1 - Z/P	by carlify that the information areas	ind with this filing do	ac not avail	6.4 CITY			Lin Section 110.07	(3)(i) Elovida Statuta	e I further	certify that	the
informatio	by certify that the information suppl on indicated on this annual report o	r supplemental annu	al report is t	true and ac	ccur	rate and that	my signature shall	have the same lega	al effect as	if made un-	der oath; that
i am an o appears i	fficer or director of the corporation in Block 12 or Block 13 if changed,	or the receiver of tru or on an attachment	siee empov with an add	verea to ex dress	ecu	ute this report	t as required by Ci	napter 607, Florida \$		nd that my r /- GQ#	name