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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DIVISION OF CORPORATIONS

May 07, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

05-07-1999 90054 041 ***150.00

PRO CO	MMERCIAL, INC.			
Principal Place	e of Business Mailing Address			OFICE STAND IN 1890 AND 1891 AND
1925 NE 45TH ST. 1925 NE 45TH ST.				
#229 #229				
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed 07/18/1996	
2. Principal Pl	lace of Business Rings DR 28. Mailing Address Box	5036	4. FEI Number 65-0687980	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 AdditionalFee Required
City & State PANO BEACH 28 Pompono Blace			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33(064 25 USA 29 33 074 30	Country	This corporation owes the current year Interpretation Personal Property Tax.	langible □Yes □No
	Name and Address of Current Registered Agent		10. Name and Address of New Registered	Agent
) ACIC	A DODEDTO E	81 Name		
VIEIRA, ROBERTO F 1925 NE 45TH ST. #229		82 Street Address (P.O. Box Number is Not Acceptable)		
		00		
FT. LAUDERDALE FL 33308		83		
		84 City	FL	85 Zip Code
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 actept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AF	
TITLE	P DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VIEIRA, ROBERTO F	1 2 NAME		
STREET ADDRESS	1925 NE 45TH ST., #229	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
TITLE	Deter-	2.2 NAME		
NAME		2.3 STREET ADDRESS		
STREET ADDRESS		2.4 CITY-ST-ZIP		
CITY-ST-ZIP	DELETE	31 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADORESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME	· Make A	6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		

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 or truetee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP