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PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000071338 (3)

PROSALES EXPORT-IMPORT INC.

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Principal Place of Business	Mailing A	Address					* (************************************	******************			* *************************************	
520 BRICKELL KEY DRIVE		CKELL KEY DRIVE	E									
SUITE 0-305 MIAMI FL 33131	SUITE O MIAMI F							DO NOT V	VRITE IN	THIS SPAC	E	
MINM PL 33131	MILIMI I	L 00101				3.	Date Incorpora	ated or Quali	ified			
							08/27/1996	6				
2. Principal Place of Business	2a. Mailir	ng Address				4.	FEI Number	F			Ap	plied For
21	26						APPLIED	FOR 6	5-07	31727		Applicable
Suite, Apt. #, etc.	Suite	. Apt. #, etc.					Certificate of S	Status Desire	od [dditional
22	27										Fee Re	
City & State	- } `	& State				6.	Election Camp	-		_ `	5.00	
23	28		1 0-				Trust Fund Co				Added to	
h	- h '			ntry		8. This corporation owes or has paid the current year Intan Personal Property Tax due June 30.					ingible No	
25 25 Name and Address of Current	29 Registered	******	30				Name and Ad					
	negistered	ngoin		81 1	Name	10.	742440					
FREEMAN, STEPHEN A							<u> </u>					
520 BRICKELL KEY DRIVE				82 3	Street A	Address (P	P.O. Box Number	er is Not Acc	eptable)			
SUITE 0-305			ŀ	83								
MIAMI FL 33131			L									
				84 (City					FL 85	Zip C	Code
Pursuant to the provisions of Sections 607.0507 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation SIGNATURE.	2 and 607.150 of Florida, Sud itions of, Secti	08, Florida Statuti ch change was a ion 607,0505, Flo	es, the ab authorized orida State	ove-r I by thutes.	named o he corpo	corporation oration's b	n submits this s poard of directo	statement for ors. I hereby	r the purp accept th	oose of chai he appointn	nging its nent as i	registered registered
I SIGNATURE			·									
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Signature, typod or printed name of registered agent 12. OFFICERS AND		3	13.			1	ADDITIONS/CH	IANGES TO		S AND DIR		
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14. 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 crystia aptroximent with an address.

6.3 STREET ADDRESS

6.4 C(1Y - S1 - ZIP

FILED

May 15 1998 8:00am

Secretary of State