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May 07 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 # P96000097682 (4)

1. Corporation Name

THE PROFESSIONAL INTERNATIONAL TRADE NETWORK, INC.

Principal Place of Business

3500 NORTH STATE ROAD 7
SUITE 100
LAUDERLAKES LAKES FL 33319

Mailing Address

3500 NORTH STATE ROAD 7
SUITE 100
LAUDERLAKES LAKES FL 33319-5624



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 City & State		27 City & State		65-0710221		Not Applicable	
23 Zip		28 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
24		25		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

RODRIGUEZ, MIGUEL J
4801 SOUTH UNIVERSITY DRIVE
SUITE 302W
DAVE FL 3328

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WEIN, MICHAEL	1.2 NAME	
STREET ADDRESS	3500 NORTH STATE ROAD 7	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERLAKES LAKES FL 33319	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	COLOYAN, EDWARD	2.2 NAME	
STREET ADDRESS	3500 NORTH STATE ROAD 7	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERLAKES LAKES FL 33319	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	WEIN, ELLEN	3.2 NAME	
STREET ADDRESS	3500 NORTH STATE ROAD 7	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERLAKES LAKES FL 33319	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____

MICHAEL WEIN

4/18/97

954-721-1211

CR2E034 (9/96)