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

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90143 035 ***150.00

DOCUMENT # P97000048668

1. Corporation Name

PROTESOUTH FOR AMERICA, INC.

Principal Place of Business	Mailing Address
2301 COLLINS AVENUE MEZZANINE 105-E MIAMI BEACH FL 33139	2301 COLLINS AVENUE MEZZANINE 105-E MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
06/03/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 *5056 NW 74TH AVE*	26 *Same*	65-0760149	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 *Miami - FL*	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 *33166* 25	Country	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VALENCIA, CARLOS CASA 2301 COLLINS AVENUE MEZZANINE 105-E MIAMI BEACH FL 33139	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) *5056 N.W 74 Ave* 83 84 City *Miami* FL 85 Zip Code *33166*

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **PD** ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME **PAOLAZZI, EMA ELBA**	1.2 NAME
STREET ADDRESS **2301 COLLINS AVENUE, MEZZANINE 105-E**	1.3 STREET ADDRESS *5056 NW 74th ave.*
CITY-ST-ZIP **MIAMI BEACH FL 33139**	1.4 CITY-ST-ZIP *Miami, FL 33166*
TITLE **VD** ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME **VALENCIA, CARLOS CASA**	2.2 NAME
STREET ADDRESS **2301 COLLINS AVENUE, MEZZANINE 105-E**	2.3 STREET ADDRESS *5056 NW 74th ave.*
CITY-ST-ZIP **MIAMI BEACH FL 33139**	2.4 CITY-ST-ZIP *Miami, FL 33166*
TITLE ☐ DELETE	3.1 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 ADDRESS
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	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: X ~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2/8/99 Date *(305) 591 0034* Daytime Phone #

CR2E034 (11/98)