

FILED FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90147 001 \*\*\*158.75

DOCUMENT # P 98 000047 005  
1. Corporation Name **PROING INTERNATIONAL, INC**

Principal Place of Business Mailing Address  
**2050 Coral way suite 303  
MIAMI, FL 33145**

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified **05/27/98**  
4. FEI Number **65-0038996** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
21. **2050 Coral way** 2a. Mailing Address  
Suite, Apt. #, etc. **303** Suite, Apt. #, etc.  
22. **MIAMI, FL** 27. City & State  
23. **33145** 28. Zip Country **FL** 29. Zip Country **FL**

9. Name and Address of Current Registered Agent  
**IZQUIERDO, ALONSO  
20-50 Coral way, suit 303  
MIAMI, FL 33145**

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 *[Signature]* DATE **04/26/2000**  
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>IZQUIERDO, ALONSO</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>2050 Coral way suit 303</b>
STREET ADDRESS	<b>MIAMI, FL 33145</b>
CITY-ST-ZIP	
TITLE	<b>Clavijo-Bauman Sandra</b> <input type="checkbox"/> DELETE
NAME	<b>2050 Coral way - #303</b>
STREET ADDRESS	<b>MIAMI, FL 33145</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>YUGEROS, ALONSO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>2050 Coral way suit 303</b>
1.3 STREET ADDRESS	<b>MIAMI, FL, 33145</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>Clavijo-Bauman Sandra</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>2050 Coral way - 303</b>
2.3 STREET ADDRESS	<b>MIAMI, FL 33145</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>Sector</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Yugeros Gonzalo</b>
3.3 STREET ADDRESS	<b>2050 Coral way - Suite 303</b>
3.4 CITY-ST-ZIP	<b>MIAMI, FL 33145</b>
4.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Yugeros Diego</b>
4.3 STREET ADDRESS	<b>2050 Coral way - # 303</b>
4.4 CITY-ST-ZIP	<b>MIAMI, FL 33145</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(f), 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: *[Signature]*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER (OFFICER OR DIRECTOR)

04/26/2000  
(305) 860 0701