2000 UNIFORM BUSINESS REPORT (UBR)					FILED			
DOCU 1. Entity Nam PRO TAI		72660			Feb 07, 20 Secretar 02-07-2000 900	y of S	tat	te
Principal Plac	e of Business	Mailing Address	<del></del>	—-				
843 WEST SAND LAKE ROAD ORLANDO FL 32809		843 WEST SAND LAKE ROAD ORLANDO FL 32809-7718			612775			
2. Principal P	Place of Business	3. Mailing Address		_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE	:	
City & State		City & State		4.	FEI Number		<del>-</del> -	plied Fo
Zip	Country	Zip	Country	.5. (	59-359327 Certificate of Status Desired	□ \$8.7	5 Add	
	6. Name and Address of Current	Registered Agent		- <del></del> -\ <del>-</del> 7. I	Name and Address of New Reg			
343	gel & Utrera, p.a. Almeria avenue Al gables fl 33134		Street Add	dress (P.O. B	ox Number is Not Acceptable) SAND LAKE	Rd FL Z	p Code	
SIGNATURE .	pration is eligible to satisfy its Intangible	Ind title if applicable. (NOTE:	Registered Agent signature  ! FEE IS \$150.00	e require when re	MERKEL		<i>-</i>	-, 2 <i>0c</i>
Tax filing requirement and elects to do so. (See criteria on back)		Make Check Payable		of State	Trust Fund Contribution.		Ådded	to Fees
TITLE	OFFICERS AND	DIRECTORS Delete	12.	AL	DITIONS/CHANGES TO OFFIC	EHS AND DIHE		□,
NAME STREET ADDRESS CITY-ST-ZIP	MERKEL, JENNY 843 WEST SAND LAKE ROAD ORLANDO FL 32809		NAME STREET ADDRESS CITY-ST-ZIP				tango	<b>L</b>
TITLE NAME STREET ADDRESS CITY_ST_ZIP	SD KOŁCZYCKI, LORRI 843 WEST SAND LAKE ROAD ORLANDO FL 32809	Delete	TITLE NAME STREET ADDRESS CITY_ST-ZIP			CI	nange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARROS, MAGDAL 843 WEST SAND LAKE ROAD ORLANDO FL 32809	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			CI	nange	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			cr		
12 I harabura	sertify that the information evention with	this filing door not qualify for t	the everentian state	d in Section	110 07/21/i) Florida Statutos 16	irthor cortification	d that is	Section 18

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 supplemental 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 the corporation or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

lenny HeeKel