FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 12 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S47538** **(1)**

1. Corporation Name
PROAA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
716 W. PINEWOOD CT. LAKE MARY FL 32746	716 W. PINEWOOD CT. LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/23/1991**
3a. Date of Last Report: **04/14/1994**

2. Principal Place of Business
21: 716 W. Colonial Dr.
22: Suite, Apt. #, etc.
23: City & State: Orlando
24: Zip: 32804
25: Country: USA

2a. Mailing Address
26: Same as Above
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: **59-3067591** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LORIE, PELAYO R.
716 W. PINEWOOD CT.
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name: Lorie, Pelayo R.
82 Street Address (P.O. Box Number is Not Acceptable): 716 W. Colonial Dr.
83:
84 City: Orlando FL 85 Zip Code: 32804

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	P/P/C/M	☒ Change ☐ Addition
NAME	LORIE, PELAYO R.	12 NAME		
STREET ADDRESS	716 W. PINEWOOD CT	13 STREET ADDRESS	same	
CITY-ST-ZIP	LAKE MARY FL	14 CITY-ST-ZIP		
TITLE	DST	21 TITLE	V/C/S/T/M	☒ Change ☐ Addition
NAME	GUEITS, ANA I.	22 NAME	ANA I. Gueits de Lorie	
STREET ADDRESS	716 W. PINEWOOD CT	23 STREET ADDRESS	same	
CITY-ST-ZIP	LAKE MARY FL	24 CITY-ST-ZIP		
TITLE	DVST	31 TITLE	same	☐ Change ☐ Addition
NAME	LORIE, ORLANDO R	32 NAME		
STREET ADDRESS	716 W PINEWOOD CT	33 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	000001454680	☐ Change ☐ Addition
NAME		42 NAME	-04/12/95--01082--006	
STREET ADDRESS		43 STREET ADDRESS	****208.75 ****208.75	
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS	4/12/95 MSH	
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ana Iris Rocé Ana I. Corie 3/23/95 407-324-4287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6040510 DP