

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S47538**

(1)

1. Corporation Name

PROAA ENTERPRISES, INC.



Principal Place of Business

**710 W. COLONIAL DR.
ORLANDO FL 32804**

Mailing Address

**716 W. PINWOOD CT.
LAKE MARY FL 32746**

3. Date Incorporated or Qualified
04/23/1991

3a. Date of Last Report
04/12/1995

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

2. Principal Place of Business

21. **SANDSTONE Apts.**

2a. Mailing Address

26. Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. **4500 SILVER STAR RD.**

Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

City & State

23. **ORLANDO FL**

City & State

28. City & State

Zip

24. **32808**

Country

25. Country

Zip

29. Zip

Country

30. Country

9. Name and Address of Current Registered Agent

**LORIE, PELAYO R.
710 W. COLONIAL DR.
ORLANDO FL 32804**

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 typed or printed here if not handwritten (and the applicable)

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPCM	<input type="checkbox"/> DELETE
NAME	LORIE, PELAYO R.	
STREET ADDRESS	716 W. PINWOOD CT	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	VCST	<input type="checkbox"/> DELETE
NAME	DE LORIE GUEITS, ANA	
STREET ADDRESS	716 W. PINWOOD CT	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	LORIE, ORLANDO R	
STREET ADDRESS	716 W PINWOOD CT	
CITY-ST-ZIP	LAKE MARY FL	
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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

(407) 324-4289

Date

Daytime Phone

CR2E034 (12/95)