

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

APPROVED AND FILED

98 NOV -9 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **991000073761**

1. Corporation Name
PROINCO COMMUNICATIONS INTERNATIONAL, INC.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

25 Aug 97

2. Principal Place of Business 2a. Mailing Address

21 **7305 San Dario**

26 **Same**

4. FEI Number Applied For Not Applicable

Suite, Apt #, etc. Suite, Apt #, etc.

22 **G 365**

27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State City & State

23 **LAREDO TX**

28

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country Zip Country

24 **78045**

25 **USA**

29

30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **GRANT CHOULES**

82 Street Address (P.O. Box Number is Not Acceptable)
3161 SW 14th COURT # 102

83

84 City **Pompano Beach** FL 85 Zip Code **33069**

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 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **M**
NAME **GRANT CHOULES**
STREET ADDRESS **7305 San Dario #6365**
CITY-ST-ZIP **LAREDO TX 78045**

11 TITLE Change Addition
12 NAME **100002687521--0**
13 STREET ADDRESS **-11/13/98--01079--015**
14 CITY-ST-ZIP ******158.75 ****158.75**

TITLE **D/T**
NAME **Thom Davis**
STREET ADDRESS **7305 San Dario #6365**
CITY-ST-ZIP **LAREDO TX 78045**

21 TITLE Change Addition
22 NAME **100002687521--0**
23 STREET ADDRESS **-11/13/98--01079--016**
24 CITY-ST-ZIP ******400.00 ****400.00**

TITLE DELETE

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE DELETE

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE DELETE

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)