

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

FILED

**May 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 666790 (1)

1. Corporation Name
SAUNDRA SERVICES, INC.



Principal Place of Business 633 NE 107TH ST #810 N MIAMI BCH FL 33162	Mailing Address 633 NE 107TH ST #810 N MIAMI BCH FL 33162-2436
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2. Principal Place of Business 21 99 NW 183 ST State, Apt. #, etc. 90 22 SUITE 122 City & State 23 MIAMI FL	2a. Mailing Address 26 SAUNDRA SERVICES, INC. Associated Tax Consultants, Inc. 27 99 NW 183rd Street City & State Suite 122 28 Miami, FL 33169	3. Date Incorporated or Qualified 04/15/1980	3a. Date of Last Report 06/18/1996
24 Zip 33169 25 Country DADE	29 Zip 33169 30 Country DADE	4. FEI Number 59-1989316	Applied For <input type="checkbox"/> Not Applicable
9. Name and Address of Current Registered Agent BONDUEL, SAUNDRA M. 633 NE 107TH STREET #100 NORTH MIAMI FL 33162		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BONDUEL, SAUNDRA M. 633 NE 107TH STREET #100 NORTH MIAMI FL 33162		10. Name and Address of New Registered Agent	
B1 Name	DENIS BONDUEL		
B2 Street Address (P.O. Box Number is Not Acceptable)	90999 NW 183 STREET		
B3	SUITE 122		
B4 City	MIAMI	B5 State	FL
		B6 Zip Code	33169

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.

4/24/97

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENIS, BONDUEL	1.2 NAME	DENIS, BONDUEL
STREET ADDRESS	1140 NE 181 ST.	1.3 STREET ADDRESS	99 NW 183 ST. SUITE 122
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI, FL 33169
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	SAUNDRA, BONDUEL M.	2.2 NAME	
STREET ADDRESS	1140 NE 181 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: _____ DATE: **(305) 652-8886 4/24/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)