

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

FILED
Apr 24 1997 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L91530
 1. Corporation Name
14907 SN Corporation

Principal Place of Business 14907 NW 7th. Ave. Miami, Fl. 33168	Mailing Address c/o Joseph F. Lopez, Esq. 250 Bird Road Suite #302 Coral Gables, Fl. 33146
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2. Principal Place of Business 14907 NW 7th. Ave. Suite, Apt. #, etc.	2a. Mailing Address c/o Joseph Lopez, Esq. Suite, Apt. #, etc.
22. City & State Miami, Fl	27. City & State Coral Gables, Fl
24. Zip 33168	29. Zip 33146
25. Country Dade	30. Country Dade

3. Date Incorporated or Qualified 7/30/90	3a. Date of Last Report 3/19/96
4. FEI Number 65-0206500	Applied For Not Applicable
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
**ACE, MYRON L.
 888 Cypress Lake Circle
 Fort Meyers, Fl 33919**

10. Name and Address of New Registered Agent
 81 Name **JOSEPH F. LOPEZ, ESQ.**
 82 Street Address (P.O. Box Number is Not Acceptable)
250 Bird Road, Suite #302
 83
 84 City **Coral Gables** FL 85 Zip Code **33146**

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: *Joseph F. Lopez* **Joseph F. Lopez, Esq.** DATE: _____
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ACE, MYRON L.	
STREET ADDRESS	1424 Riverside Dr.	
CITY-STATE-ZIP	Pt. Meyers, Fl.	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	NALETO, MICHAEL	
STREET ADDRESS	14564 Riverside Dr.	
CITY-STATE-ZIP	Pt. Meyers, Fl.	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WIENER, STEVEN	
1.3 STREET ADDRESS	c/o J. Lopez-250 Bird Rd. #302	
1.4 CITY-STATE-ZIP	Coral Gables, Fl. 33146	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*****165.00**
4/25/97

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: *Steven Wiener* **Steven Wiener** *4/21/97* **(305) 444-4375**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)