


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000000826 (5)
1. Corporation Name
APHEC, INTERNATIONAL, INC.



Principal Place of Business Mailing Address
P.O. BOX 640981 MIAMI FL 33164 P.O. BOX 640981 MIAMI FL 33164-0981

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/15/1996	N/A
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
22		27		FIN 65-0645367	
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		29		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PIERRE, ANNA L 280 NW 172 STREET N. MIAMI BEACH FL 33162				81. Name	PIERRE ANNA L.		
				82. Street Address (P.O. Box Number is Not Acceptable)	280 NE 172 Street		
				83. City	N. MIAMI BEACH FL		
				84. Zip Code	33162		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	PT	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERRE, ANNA L	1.2 NAME	T HAMMERTON Lilavdis
STREET ADDRESS	280 NW 172 ST.	1.3 STREET ADDRESS	280 NE 172 St
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	1.4 CITY-ST-ZIP	N. MIAMI BEACH, FL. 33162
TITLE	S	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILHOMME, TANYA L	2.2 NAME	EM MANUEL D. TOUSSAINT
STREET ADDRESS	280 NW 172 ST.	2.3 STREET ADDRESS	280 NE 172 St
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	2.4 CITY-ST-ZIP	N. MIAMI BEACH, FL. 33162
TITLE		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		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	PIERRE, ANNA L.
STREET ADDRESS		4.3 STREET ADDRESS	280 NE 172 Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	N. MIAMI BEACH, FL. 33162
TITLE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	MILHOMME, TANYA L.
STREET ADDRESS		5.3 STREET ADDRESS	280 NE 172 Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	N. MIAMI BEACH, FL. 33162
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Jean-Maret Joseph
STREET ADDRESS		6.3 STREET ADDRESS	280 NE 172 St
CITY-ST-ZIP		6.4 CITY-ST-ZIP	N. MIAMI BEACH, FL. 33162

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)