


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 30 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # <i>N 96000002789</i> 1. Corporation Name <i>IFE ILE, INC</i> | | | |
| Principal Place of Business <i>141 W. 6th St Hialeah, FL 33010</i> | | Mailing Address <i>141 W. 6th St Hialeah, FL 33010</i> | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 | |
| 9. Name and Address of Current Registered Agent <i>F. NERI TORRES 141 W. 6th St Hialeah, FL 33010</i> | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code | |
| 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: <i>[Signature]</i> DATE: <i>6/8/97</i> | | | |
| 12. OFFICERS AND DIRECTORS 11 TITLE <i>D</i> <i>President</i> <input checked="" type="checkbox"/> DELETE 12 NAME <i>F. NERI TORRES</i> 13 STREET ADDRESS <i>141 W. 6th St</i> 14 CITY-ST-ZIP <i>Hialeah, FL 33010</i> 21 TITLE <i>T</i> <i>Trustee</i> <input checked="" type="checkbox"/> DELETE 22 NAME <i>Nancy A. Diaz, P.A.</i> 23 STREET ADDRESS <i>2611 S.W. 8th St.</i> 24 CITY-ST-ZIP <i>Miami, FL 33135</i> 31 TITLE <i>D</i> <i>Natividad Torres</i> <input checked="" type="checkbox"/> DELETE 32 NAME <i>321 E. 6th St. apt. 225</i> 33 STREET ADDRESS <i>Hialeah, FL 33010</i> 41 TITLE <input type="checkbox"/> DELETE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE <input type="checkbox"/> DELETE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE <input type="checkbox"/> DELETE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: <i>[Signature]</i> DATE: <i>6/8/97</i> (305) 863-2151 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |

CR2E037 (9/96)