

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 26 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000043481 (9)**

1. Corporation Name
INCENTIVEWORKS, INC.

Principal Place of Business	Mailing Address
201 ALHAMBRA CIRCLE SUITE 804 CORAL GABLES FL 33134	201 ALHAMBRA CIRCLE SUITE 804 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/17/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0420958	Applied For <input type="checkbox"/> 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
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 201 ALHAMBRA CIR	26 201 ALHAMBRA CIR
Suite, Apt. #, etc. 22 STE 802	Suite, Apt. #, etc. 27 STE 802
City & State 23 CORAL GABLES FL	City & State 28 CORAL GABLES FL
Zip 24 33134	Country 25 USA
Zip 29 33134	Country 30 USA

9. Name and Address of Current Registered Agent

**HABER, NEAL,
9201 SW 125TH TERRACE
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FERRERAS, JOSE,
STREET ADDRESS	9439 FOUNTAINBLEAU BLVD. #201
CITY - ST - ZIP	MIAMI FL 33172
TITLE	D
NAME	HABER, NEAL,
STREET ADDRESS	9439 FOUNTAINBLEAU BLVD. #201
CITY - ST - ZIP	MIAMI FL 33172
TITLE	D
NAME	RANKOW, TAMR,
STREET ADDRESS	363 LAKE CREST COURT
CITY - ST - ZIP	FT. LAUDERDALE FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FERRERAS, JOSE
1.3 STREET ADDRESS	1541 BRICKELL AVE, *C-607
1.4 CITY - ST - ZIP	MIAMI FL 33131
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HABER, NEAL
2.3 STREET ADDRESS	9201 S.W. 125 TERRACE
2.4 CITY - ST - ZIP	MIAMI FL 33176
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Neal Haber DATE: April 21, 1995 (305) 444-6185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #
NEAL N. HABER