

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

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1997 AUG -5 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000043785 (1)**

1. Corporation Name  
**EMPOWERMENT CONCEPTS, INC.**



Principal Place of Business <b>9400 SO. DADELAND BLVD. STE 104 MIAMI FL 33156</b>	Mailing Address <b>9400 SO. DADELAND BLVD. STE 104 MIAMI FL 33156</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>10800 SW 135 TERRACE</b> Suite, Apt. #, etc. 22 City & State 23 <b>Miami FL</b> Zip 24 <b>33176</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>SAME #21</b> Suite, Apt. #, etc. 27 City & State 28 <b>Miami FL</b> Zip 29 <b>33176</b> Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>05/30/1995</b>	3a. Date of Last Report <b>07/30/1996</b>
4. FEI Number <b>APPLIED FOR 65-0706209</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**APOTHEKER, S M  
9400 SO. DADELAND BLVD. STE 104  
MIAMI FL 33156**

81 Name <b>Rebecca Ingram Leonard</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>Nations Bank Bldg - Ste #200</b>
83 <b>1313 NW 36 Street</b>
84 City <b>Miami</b>
85 Zip Code <b>FL 33142</b>

10. Name and Address of New Registered Agent

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: *Rebecca Ingram Leonard*  
Signature of Registered Agent required when filing (initials)

(NOTE: Registered Agent Signature required when filing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DEL ROSARIO, JACQUELINE J 10800 SW 135TH TERRACE MIAMI FL 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D DEL ROSARIO, JACQUELINE 10800 SW 135 TERRACE Miami FL 33176</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>100002263111-112 -08/11/97--01069--020 ****165.00 ****165.00</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rebecca Ingram Leonard*

CR2E034 (4/97)

# ReCapturing the Vision

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July 25, 1997

Florida Dept. of State  
Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302

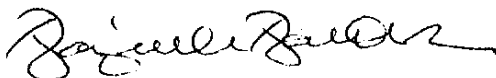
Dear Sirs:

I recently received the 2nd notice of the 1997 Profit Corporation Annual Report. It went to my attorney's office address. Mr. Melvin Apotheker, my attorney recently died, I have since been receiving all information on the two corporations he handled at my home address. Why this document went to his address, I will never know, unless of course a change of address was never relieved by your office. Apparently the proper notice was received by the Office of Non Profit Corporations, as I have relieved all subsequent correspondences at my correct address. Luckily for me, the secretary of Mr. Apotheker's partner notified me when this letter arrived. According to her. This is the first and only letter to arrive from your office.

I have tried to reach your office by dialing the number listed on the report, but failed to get through. Due to the urgent nature of this matter, I have resorted to writing. Enclosed please find the corporation annual report along with both the annual and supplemental fees. I am requesting that you waive the late fee as I have not failed to act appropriately.

Should you have any questions I may be reached at any time by pager at (305) 886-4656, or 235-1185

Sincerely,



Jacqueline Jones Del Rosario