

**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.)**

**FILED**  
**Aug 14 1997 8:00am**  
**Secretary of State**

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 # P95000053070 (5)**  
1. Corporation Name  
**FERSAN, INC.**

Principal Place of Business <del>6600 N.W. 74 AVENUE</del> <del>MIAMI FL 33122</del>	Mailing Address <del>3300 N.W. 74 AVENUE</del> <del>MIAMI FL 33122</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7620 NW 63 ST</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>7620 NW 63 ST</b> Suite, Apt. #, etc.
22 City & State 23 <b>MIAMI FL</b>	27 City & State 28 <b>MIAMI FL</b>
24 Zip <b>33166</b>	25 Country
29 Zip <b>33166</b>	30 Country

3. Date Incorporated or Qualified <b>07/11/1995</b>	3a. Date of Last Report <b>11/01/1996</b>
4. FEI Number <b>65-0593690</b>	Applied For Not Applicable
5. Certificate of Status Desired <input 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  
**FERNANDEZ, MARTA S**  
**145 SW 25TH ROAD**  
**MIAMI FL 33129**

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>FERNANDEZ, JULIO</b>	
STREET ADDRESS	<b>445 SW 25TH ROAD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	
TITLE	<del>BP</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>SANTEIRO, ANTONIO</del>	
STREET ADDRESS	<del>445 S.W. 25TH ROAD</del>	
CITY-ST-ZIP	<del>MIAMI FL 33129</del>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>CASTRO, JOHN</b>	
STREET ADDRESS	<b>445 SW 25TH ROAD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>S-D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>FERNANDEZ, JULIO</b>	
1.3 STREET ADDRESS	<b>7620 NW 63 ST</b>	
1.4 CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>P-V-P-D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>CASTRO JOHN</b>	
3.3 STREET ADDRESS	<b>7620 NW 63 ST</b>	
3.4 CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
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 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 \_\_\_\_\_

CP2E034 (4/97)