

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 28 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P95000073654 (2)**

1. Corporation Name  
**B INFFINITO CORPORATION**



Principal Place of Business  
**725 MAJOREA AVE  
CORAL GABLES FL 33434  
US**

Mailing Address  
**725 MAJOREA AVE  
CORAL GABLES FL 33134-3754  
US**

3. Date Incorporated or Qualified **09/22/1995**      3a. Date of Last Report **03/27/1996**

2. Principal Place of Business      2a. Mailing Address  
21 **35 SW 28<sup>TH</sup> ROAD**      26 **35 SW 28<sup>TH</sup> ROAD**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27

City & State      City & State  
23 **MIAMI, FL**      28 **MIAMI, FL**

Zip      Country      Zip      Country  
24 **33129**      25 **USA**      29 **33129**      30 **USA**

4. FEI Number **65-0677025**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**DUTRA, ADRIANA D  
725 MAJORGA AV  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81 Name **DUTRA ADRIANA L**  
82 Street Address (P.O. Box Number is Not Acceptable) **35 SW 28<sup>TH</sup> ROAD**  
83 **MIAMI**  
84 City      85 Zip Code **FL 33129**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	11 TITLE	<b>PD</b>
NAME	<b>DUTRA, ADRIANA L</b>	12 NAME	<b>ADRIANA DUTRA</b>
STREET ADDRESS	<b>7930 TANN WATER WAY DR. #6</b>	13 STREET ADDRESS	<b>7930 TANN WATER WAY DR. #9</b>
CITY-ST-ZIP	<b>MIAMI FL 33141</b>	14 CITY-ST-ZIP	<b>MIAMI, FL 33141</b>
TITLE	<input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (9/96)