

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

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000025591 (4)
 1. Corporation Name
GREAT SIGNS COMPANY



Principal Place of Business 1565 NW 88TH AVE., SUITE A MIAMI FL 33172	Mailing Address 1565 NW 88TH AVE., SUITE A MIAMI FL 33172-2603
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1996	3a. Date of Last Report
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0654236	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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	PD	1.1 TITLE	PD
NAME	MARTI, MARIO	1.2 NAME	MARTI, MARIO
STREET ADDRESS	9965 SOUTHWEST 223RD TERRACE	1.3 STREET ADDRESS	9965 SW 223rd Terrace
CITY-ST-ZIP	MIAMI FL 33190	1.4 CITY-ST-ZIP	Miami FL 33190
TITLE	SD	2.1 TITLE	
NAME	MARTI, ANGELA	2.2 NAME	
STREET ADDRESS	9965 SOUTHWEST 223RD TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33190	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD
NAME	DIAZ, NORA	3.2 NAME	MARTI, NORA
STREET ADDRESS	9965 SOUTHWEST 223RD TERRACE	3.3 STREET ADDRESS	9965 SW 223rd Terrace
CITY-ST-ZIP	MIAMI FL 33190	3.4 CITY-ST-ZIP	Miami FL 33190
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: *M. Marti* **MARIO MARTI** 02/14/97 (305)5139585

CR2E034 (9/96)