

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**

97 AUG 13 PM 12:32

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # P96000040771 (3)**

1. Corporation Name  
**SPIEDIE SPOT, INC.**



Principal Place of Business  
**14930 N.W. 8TH AVE.  
 MIAMI FL 33168**

Mailing Address  
**14930 N.W. 8TH AVE.  
 MIAMI FL 33168-3114**

**SAME AS ABOVE**

**SAME AS ABOVE**

3. Date Incorporated or Qualified <b>05/06/1996</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number <b>N/A</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <b>N/A</b>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <b>N/A</b>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**LEGER, OMICILE  
 14930 N.W. 8TH AVE.  
 MIAMI FL 33168**

81 Name <b>N/A</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b>
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 **SAME ABOVE AGENT RETAINED**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>N/A</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Perry Petkash</b>
1.3 STREET ADDRESS	<b>76 Tobey Rd</b>
1.4 CITY-ST-ZIP	<b>Harpisville, NY 13787-1310</b>
2.1 TITLE	president (director) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Francois Levelt</b>
2.3 STREET ADDRESS	<b>471 N.E. 180 Dr.</b>
2.4 CITY-ST-ZIP	<b>N. Miami B. Fl. 33162</b>
3.1 TITLE	officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Laraque j. Baptiste</b>
3.3 STREET ADDRESS	<b>471 N.E. 180 Dr.</b>
3.4 CITY-ST-ZIP	<b>N. Miami B. Fl. 3316</b>
4.1 TITLE	officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Jean R. Baptiste</b>
4.3 STREET ADDRESS	<b>14930 N.W. 8Ave</b>
4.4 CITY-ST-ZIP	<b>Miami, Fl. 33168</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>500002270835--3</b>
5.4 CITY-ST-ZIP	<b>-08/19/97-01019-016</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>***165.00 ***165.00</b>
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 *[Handwritten Signature]* 4-21-97

CR2E034 (9/96)