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**May 06 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 # P96000067873
1. Corporation Name
SAFE WRAP OF AMERICA, INC.

Principal Place of Business Mailing Address
5881 NW 151st Street, Suite 112 Miami Lakes, FL 33014 **5881 NW 151st Street, Suite 112 Miami Lakes, FL 33014**

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

4. Date Incorporated or Qualified **08/15/96** 3a. Date of Last Report **N/A**
4. FEI Number **65-0690158** 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
**Mijares, Noel
5881 NW 151st Street
Suite 112
Miami Lakes, FL 33014**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.
SIGNATURE: *Noel* DATE: **4-29-97**

12. OFFICERS AND DIRECTORS

TITLE	President, CEO <input type="checkbox"/> DELETE
NAME	Mijares, Noel
STREET ADDRESS	5881 NW 151st Street, Ste.112
CITY-STATE-ZIP	Miami Lakes, FL 33014
TITLE	Vice-President, Treas. <input type="checkbox"/> DELETE
NAME	Leiva, David E.
STREET ADDRESS	511 East 40th Street
CITY-STATE-ZIP	Hialeah, FL 33014
TITLE	Secretary <input type="checkbox"/> DELETE
NAME	Leiva, Martha J.
STREET ADDRESS	511 East 40th Street
CITY-STATE-ZIP	Hialeah, FL 33013
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Soler, Raymond E.
13 STREET ADDRESS	21424 NW 40th Circle Court
14 CITY-STATE-ZIP	Miami, FL 33056
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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*****173.75**

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: *Noel* **Noel MIJARES** DATE: **4-29-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (305) 828-5506

CR2E034 (9/96)