


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

FILED
May 19 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 # P96000085826 (1)
 1. Corporation Name
SOUTHEASTERN BASIC SUPPLY CORP.



Principal Place of Business 1531 SARAGOSSA AVENUE CORAL GABLES FL 33134	Mailing Address 1531 SARAGOSSA AVENUE CORAL GABLES FL 33134-6243
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2. Principal Place of Business 14012 S.W. 140th ST Suite, Apt. #, etc. Suite # 6 City & State MIAMI, FLORIDA Zip 33186	2a. Mailing Address 14012 S.W. 140th ST Suite, Apt. #, etc. Suite # 6 City & State MIAMI, FLORIDA Zip 33186	3. Date Incorporated or Qualified 10/17/1996	3a. Date of Last Report
21. 14012 S.W. 140th ST	26. 14012 S.W. 140th ST	4. FEI Number 65-0700512	Applied For <input type="checkbox"/> Not Applicable
22. Suite # 6	27. Suite # 6	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. MIAMI, FLORIDA	28. MIAMI, FLORIDA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. 33186	25. U.S.A.	29. 33186	30. U.S.A.

9. Name and Address of Current Registered Agent
**AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name SUZETTE P. MONTALVO
82 Street Address (P.O. Box Number is Not Acceptable) 8820 S.W. 132 PL. # D-307
83
84 City MIAMI
85 Zip Code FL 33186

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: *Suzette P. Montalvo* **President/STD** DATE: **5/12/97**

12. OFFICERS AND DIRECTORS

TITLE PSID	<input type="checkbox"/> DELETE
NAME MONTALVO, SUZETTE P	
STREET ADDRESS 1531 SARAGOSSA AVENUE	
CITY-ST-ZIP CORAL GABLES FL 33134	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: *Suzette P. Montalvo* **SUZETTE MONTALVO** **5/12/97** **305-233-0825**

CR2E034 (9/96)