


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

**FILED**  
**Apr 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000098937 (0)**  
 1. Corporation Name  
**BSOW, INC.**



Principal Place of Business <b>1622 COLUMBIA ARMS CIRCLE                  UNIT 165                  KISSIMMEE FL 34741</b>	Mailing Address <b>1622 COLUMBIA ARMS CIRCLE                  UNIT 165                  KISSIMMEE FL 34741</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>11620 NW 4th LANE</b>	22 Suite, Apt. #, etc.	26 <b>11620 NW 4th LANE</b>	27 Suite, Apt. #, etc.	<b>11/20/1997</b>	
23 <b>MIAMI FLORIDA</b>	24 <b>33172</b>	28 <b>MIAMI FLORIDA</b>	29 <b>33172</b>	4. FEI Number	Applied For
25 <b>USA</b>	30 <b>USA</b>			<b>593478520</b>	<input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
				<input checked="" type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
				<input type="checkbox"/>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>AMERILAWYER                  343 ALMERIA AVENUE                  CORAL GABLES FL 33134</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERNANDEZ, RUBY E</b>	1.2 NAME	
STREET ADDRESS	<b>1622 COLUMBIA ARMS CIRCLE, UNIT 165</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VTD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ORTIZ, WALTER</b>	2.2 NAME	
STREET ADDRESS	<b>1622 COLUMBIA ARMS CIRCLE, UNIT 165</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:  **3/26/98 (305) 24-1402**

CP2E034 (10/97)