

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Sep 18 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 # S84250 (7)

1. Corporation Name
SHOPFINDERS, INC.



Principal Place of Business 601 BRICKELL KEY DR SUITE 205 MIAMI FL 33131 US	Mailing Address 520 BRICKELL KEY DR. STE. 40-205 MIAMI FL 33131-2607
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 601 BRICKELL KEY DR	26 601 BRICKELL KEY DR
Suite, Apt. #, etc. 22 BAY G	Suite, Apt. #, etc. 27 BAY G
City & State 23 MIAMI FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33131	Country 25 USA
Zip 29 33131	Country 30

3. Date Incorporated or Qualified 09/30/1991	3a. Date of Last Report 01/30/1996
4. FEI Number 65-0289681	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DIAZ, RAYMOND
18750 S.W. 87TH COURT
MIAMI FL 33157

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	DIAZ, RAYMOND	
STREET ADDRESS	520 BRICKELL KEY DRIVE, STE. 0-205	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/>
NAME	DAJER, MARTHA	
STREET ADDRESS	320 BRICKELL KEY DRIVE, STE. 0-205	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	DIAZ, RAYMOND		
1.3 STREET ADDRESS	601 BRICKELL KEY DRIVE BAY G		
1.4 CITY-ST-ZIP	MIAMI, FL 33131		
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	DAJER, MARTHA		
2.3 STREET ADDRESS	601 BRICKELL KEY DRIVE BAY "G"		
2.4 CITY-ST-ZIP	MIAMI, FL 33131		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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, unchanged, or as an attachment with an address.

SIGNATURE: _____ SIGNATURE: _____

CRE034 (4/97)