

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 11:28

DOCUMENT # **V43011 (8)**

1. Corporation Name
B-Z REPORTING INC.

Principal Place of Business Mailing Address
440 ESPANOLA WAY MIAMI BEACH FL 16975-4528 **440 ESPANOLA WAY MIAMI BEACH FL 16975-4528**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/08/1992** 3a. Date of Last Report **04/11/1994**

2. Principal Place of Business 21 407 Lincoln Rd.		2a. Mailing Address 26 407 Lincoln Rd.		4. FEI Number 65-0342119		Applied For Not Applicable	
Suite, Apt. #, etc. 22 Suite 5B		Suite, Apt. #, etc. 27 Suite 5B		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23 Miami Beach, F.l.		City & State 28 Miami Beach, F.l.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33139	25 Dade	29 33139	30 Dade	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BRITO & BRITO ACCOUNTING INC. 440 ESPANOLA WAY MIAMI BEACH FL 33139				10. Name and Address of New Registered Agent			
81 Name Brito & Brito Accounting		82 Street Address (P.O. Box Number is Not Acceptable) 407 Lincoln Rd. Suite 5B		83		84 City Miami Beach	
				85 Zip Code FL 33139			

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 *[Signature]* **2/28/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ZELTMAN, BARBARA	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1130 NE 10 AVE	12 NAME	
STREET ADDRESS	BISCAYNE PARK FL	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	VST ZELTMAN, BARBARA	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1130 NE 10 AVE	22 NAME	
STREET ADDRESS	BISCAYNE PARK FL	23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **3/29/95 305-895-8059**