

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 24 1997 8:00 am  
Secretary of State

DOCUMENT # L91530  
1. Corporation Name

14907 SN Corporation

Principal Place of Business  
14907 NW 7th. Ave.  
Miami, Fl. 33168

Mailing Address  
c/o Joseph F. Lopez, Esq.  
250 Bird Road  
Suite #302  
Coral Gables, Fl. 33146

3. Date Incorporated or Qualified 7/30/90	3a. Date of Last Report 3/19/96
4. FEI Number 65-0206500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 14907 NW 7th. Ave. Suite, Apt. #, etc. 22 City & State 23 Miami, Fl Zip 24 33168	2a. Mailing Address 26 c/o Joseph Lopez, Esq. Suite, Apt. #, etc. 27 250 Bird Rd. #302 City & State 28 Coral Gables, Fl Zip 29 33146
Country 25 Dade	Country 30 Dade

9. Name and Address of Current Registered Agent

ACE, MYRON L.  
888 Cypress Lake Circle  
Fort Meyers, Fl 33919

10. Name and Address of New Registered Agent

81 Name JOSEPH F. LOPEZ, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable) 250 Bird Road, Suite #302
83
84 City Coral Gables
85 Zip Code FL 33146

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 publications of, Section 607.0505, Florida Statutes.

SIGNATURE: *Joseph F. Lopez* Joseph F. Lopez, Esq. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME ACE, MYRON L.	1.1 TITLE PSTD	1.2 NAME WIENER, STEVEN
STREET ADDRESS 1424 Riverside Dr.	CITY-STATE-ZIP Pt. Meyers, Fl.	1.3 STREET ADDRESS c/o J. Lopez-250 Bird Rd. #302	1.4 CITY-STATE-ZIP Coral Gables, Fl. 33146
TITLE STD	NAME NALETO, MICHAEL	2.1 TITLE	2.2 NAME
STREET ADDRESS 14564 Riverside Dr.	CITY-STATE-ZIP Pt. Meyers, Fl.	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	6.3 STREET ADDRESS	6.4 CITY-STATE-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: *Steven Wiener* Steven Wiener 4/21/97 (305) 444-4375  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)