

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

FILED
Sep 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # AMENDED CORP. REPORT
1. Corporation Name
SRP, INCORPORATED
169 E. FLAGLER ST, STE 827
MIAMI, FL 33131 657888

Principal Place of Business Mailing Address

2. Principal Place of Business 2a. Mailing Address

21 169 E. FLAGLER ST. 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 STE 827 27
City & State City & State
23 MIAMI, FL 28
Zip Country Zip Country
24 33131 25 DADE 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
APRIL 1, 1981 APRIL 7, 1997

4. FEI Number Applied For
59-2197 384 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

JOSE KATZ
169 E. FLAGLER ST. STE 827
MIAMI, FL 33131

10. Name and Address of New Registered Agent

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

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

TITLE	<u>P/S</u>	<input type="checkbox"/> DELETE
NAME	<u>JOSE KATZ</u>	
STREET ADDRESS	<u>169 E. FLAGLER ST. STE 827</u>	
CITY-ST-ZIP	<u>MIAMI, FL 33131</u>	
TITLE	<u>VP</u>	<input type="checkbox"/> DELETE
NAME	<u>ORESTES LOPEZ-RECIO</u>	
STREET ADDRESS	<u>169 E. FLAGLER ST., STE 827</u>	
CITY-ST-ZIP	<u>MIAMI, FL 33131</u>	
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	<u>P/S/D</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<u>JOSE KATZ</u>	
1.3 STREET ADDRESS	<u>169 E. FLAGLER ST. STE 827</u>	
1.4 CITY-ST-ZIP	<u>MIAMI, FL 33131</u>	
2.1 TITLE	<u>VP/D</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<u>ORESTES LOPEZ-RECIO</u>	
2.3 STREET ADDRESS	<u>169 E. FLAGLER ST, STE 827</u>	
2.4 CITY-ST-ZIP	<u>MIAMI, FL 33131</u>	
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 checked="" 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: JOSE KATZ 9/12/97 (305) 381-7707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)