

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

FILED
Mar 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
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DOCUMENT # **661643** (7)

1. Corporation Name
SAROPA ENTERPRISES, INC.

Principal Place of Business
**1935 NE 207 ST
N. MIAMI BCH FL 33179**

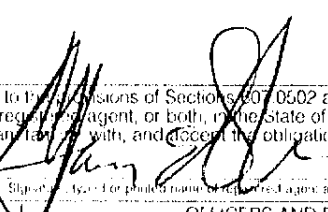
Mailing Address
**1935 NE 207 ST
N. MIAMI BCH FL 33179-2260**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/04/1980	3a. Date of Last Report 03/12/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2099325		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		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 SHERMAN, GARY 440 S. ANDREWS AVENUE FT. LAUDERDALE FL 33301		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	85. Zip Code FL

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: **3/10/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	10. NAME	1.1 TITLE	1.2 NAME
NAME	10. NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STREET ADDRESS	10. NAME	2.1 TITLE	2.2 NAME
CITY-ST-ZIP	10. NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	10. NAME	3.1 TITLE	3.2 NAME
NAME	10. NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS	10. NAME	4.1 TITLE	4.2 NAME
CITY-ST-ZIP	10. NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	10. NAME	5.1 TITLE	5.2 NAME
NAME	10. NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS	10. NAME	6.1 TITLE	6.2 NAME
CITY-ST-ZIP	10. 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:  DATE: **3/10/97**

CR2E034 (9/96)