

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 662415 (9)

1. Corporation Name
APPLIED RESOURCES, INC.



Principal Place of Business

30 W MASHTA DR #405
PO BOX 490255
MIAMI FL 33149
US

Mailing Address

30 W MASHTA DR #405
PO BOX 490255
MIAMI FL 33149
US

3. Date Incorporated or Qualified
05/06/1980

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

21 1201 Brickell Avenue
Suite, Apt. #, etc.

22 200

City & State

23 Miami, FL

Zip

24 33131

Country

2a. Mailing Address

26 1201 Brickell Avenue
Suite, Apt. #, etc.

27 200

City & State

28 Miami, FL

Zip

29 33131

Country

30

4. FEI Number
NOT APPLICABLE

Applied For
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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TORRES, ONOFRE
30 W MASHTA DRIVE
SUITE 405
KEY BISCAYNE FL 33149

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1201 BRICKELL AVE, SUITE 200

84 City MIAMI

FL

85 Zip Code

33131

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HERRERA, JULIO R
STREET ADDRESS 30 W. MASHTA DR. #405
CITY-ST-ZIP MIAMI, FL 00000

TITLE P
NAME TORRES, ONOFRE
STREET ADDRESS 30 W. MASHTA DR. #405
CITY-ST-ZIP MIAMI, FL 00000

TITLE D
NAME DUBIEL, ROGER A
STREET ADDRESS 30 W. MASHTA DR. #405
CITY-ST-ZIP MIAMI, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1. 1 TITLE
12 NAME
13 STREET ADDRESS 1201 BRICKELL AVE, SUITE 200
14 CITY-ST-ZIP MIAMI, FL 33131

2. 1 TITLE
22 NAME
23 STREET ADDRESS 1201 BRICKELL AVE, SUITE 200
24 CITY-ST-ZIP MIAMI, FL 33131

3. 1 TITLE
32 NAME
33 STREET ADDRESS 1201 BRICKELL AVE, SUITE 200
34 CITY-ST-ZIP MIAMI, FL 33131

4. 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5. 1 TITLE
52 NAME
53 STREET ADDRESS 900001810709
54 CITY-ST-ZIP -05/07/96--01027--007

6. 1 TITLE
62 NAME
63 STREET ADDRESS ***200.00
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Onofre Torres, President

4/28/96

305 371-2776

Daytime Phone #

CR2E034 (12/95)