


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

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Mar 18 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 # <b>F42265</b> (1)			
1. Corporation Name <b>ENVIROSCAPES, INC.</b>			
Principal Place of Business <b>4422 SW 74 AVE P.O. BOX 160703 MIAMI FL 33115 US</b>		Mailing Address <b>4422 SW 74 AVE P.O. BOX 160703 MIAMI FL 33116-0703 US</b>	
2. Principal Place of Business <b>90 VAN MARTIN (CENTURY 21)</b>		2a. Mailing Address <b>P.O. BOX 160703</b>	
21. Suite, Apt. #, etc. <b>12681 S. DIXIE HWY</b>		26. Suite, Apt. #, etc. <b>MIAMI FL</b>	
22. City & State <b>MIAMI FL</b>		27. City & State <b>MIAMI FL</b>	
23. Zip <b>FL (33156)</b>		28. Zip <b>FL 33116</b>	
24. Country <b>USA</b>		29. Country <b>USA</b>	
9. Name and Address of Current Registered Agent <b>MARTIN, MARK, DREW 12681 S DIXIE HWY MIAMI FL 33156</b>		10. Name and Address of New Registered Agent <b>81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code</b>	
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: <b>MARK DREW MARTIN</b> (NOTE: Registered Agent signature required when reappointing) <b>3.14.97</b> DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE <b>PD</b>		11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME <b>MARTIN, MARK DREW</b>		12. NAME	
3. STREET ADDRESS <b>4422 SW 74 AVE</b>		13. STREET ADDRESS	
4. CITY-STATE-ZIP <b>MIAMI FL</b>		14. CITY-STATE-ZIP	
5. TITLE <b>STD</b>		21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME <b>VAN, MARTIN</b>		22. NAME	
7. STREET ADDRESS <b>12681 S DIXIE HWY</b>		23. STREET ADDRESS	
8. CITY-STATE-ZIP <b>MIAMI FL</b>		24. CITY-STATE-ZIP	
9. TITLE <input type="checkbox"/> DELETE		31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME		32. NAME	
11. STREET ADDRESS		33. STREET ADDRESS	
12. CITY-STATE-ZIP		34. CITY-STATE-ZIP	
13. TITLE <input type="checkbox"/> DELETE		41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME		42. NAME	
15. STREET ADDRESS		43. STREET ADDRESS	
16. CITY-STATE-ZIP		44. CITY-STATE-ZIP	
17. TITLE <input type="checkbox"/> DELETE		51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. NAME		52. NAME	
19. STREET ADDRESS		53. STREET ADDRESS	
20. CITY-STATE-ZIP		54. CITY-STATE-ZIP	
21. TITLE <input type="checkbox"/> DELETE		61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22. NAME		62. NAME	
23. STREET ADDRESS		63. STREET ADDRESS	
24. CITY-STATE-ZIP		64. 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: <b>MARK DREW MARTIN</b> 3.14.97 305-279-9714 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E034 (9/96)