


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

FILED
Jun 19 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 # G69035
1. Corporation Name

Principal Place of Business 10300 Sunset Drive Suite 164 Miami, FL 33173	Mailing Address 10300 Sunset Drive Suite 164 Miami, FL 33173
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3. Date Incorporated or Qualified 09/29/1983	3a. Date of Last Report 01/17/96
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2. Principal Place of Business 21 10300 Sunset Drive	2a. Mailing Address 26 10300 Sunset Drive
Suite, Apt. #, etc. 22 Suite 164	Suite, Apt. #, etc. 27 Suite 164
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33173	Country 25 S.S.A
Zip 29 33173	Country 30 U.S.A

4. FEI Number 59-2330948	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Bilgeer, Emcet M
10300 Sunset Drive
Suite 164
Miami, FL 33173

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 607.0402 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 *Emcet M. Bilgeer* **Emcet M. Bilgeer, President** **06/14/97**
Signature typed or printed name of Registered Agent; and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bilgeer, Emcet M	1.2 NAME	10300 Sunset Drive Suite 164
STREET ADDRESS	9620 Executive Center Dr.104	1.3 STREET ADDRESS	Miami, FL 33173
CITY-ST-ZIP	St. Petersburg, FL 33702	1.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodriguez, Larry A	2.2 NAME	
STREET ADDRESS	9620 Executive Center Dr.101	2.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33702	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	700002217277
STREET ADDRESS		6.3 STREET ADDRESS	-06/19/97--01004--035
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***558.75

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, or as an attachment with an address.

SIGNATURE: *Emcet M. Bilgeer* **Emcet M. Bilgeer** **6/14/97** **305-598-6808**
Signature typed or printed name of signing officer or director Date Daytime Phone

CR2E034 (9/96)