


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

97 OCT -1 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <b>J02304</b> (0)		
1. Corporation Name <b>N.W. 8TH STREET CORP.</b>		



Principal Place of Business		Mailing Address	
<del>4020 SW 129TH AVE.- MIAMI FL 33175</del> <b>1804 River Road Jacksonville, FL 32207</b>		<del>4020 SW 129TH AVE.- MIAMI FL 33175</del> <b>1804 River Road Jacksonville Fla 32207</b>	
21	Principal Place of Business	26	Mailing Address
	<b>1804 River Road</b>		<b>1804 River Road</b>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
	<b>FL</b>		
23	City & State	28	City & State
	<b>JACKSONVILLE FL.</b>		<b>JACKSONVILLE, Fla</b>
24	Zip	29	Zip
	<b>32207</b>		<b>32207</b>
25	Country	30	Country
	<b>DUVAL</b>		<b>DUVAL</b>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>03/04/1986</b>	<b>01/24/1996</b>
4. FEI Number	Applied For
<b>59-2647765</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>FERNANDEZ, MANUEL</b> <b>4020 SW 129TH AVE.</b> <b>MIAMI FL 33175</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 approve the provisions of Section 607.0502, Florida Statutes.

SIGNATURE: *Manuel Fernandez* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERBABDEZ, MANUEL</b>	1.2 NAME	
STREET ADDRESS	<b>4020 SW 129TH AVE.</b>	1.3 STREET ADDRESS	<b>800002317728-2</b>
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	1.4 CITY-ST-ZIP	<b>-10/10/97--01090--019</b>
TITLE	<b>VP</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERNANDEZ, GLADYS</b>	2.2 NAME	
STREET ADDRESS	<b>4020 SW 129TH AVE.</b>	2.3 STREET ADDRESS	<b>GLADYS FERNANDEZ</b>
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	2.4 CITY-ST-ZIP	<b>1804 RIVER ROAD</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	<b>JACKSONVILLE - FLA 32207</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

800002317728-2  
 -10/10/97--01090--019  
 \*\*\*\*550.00 \*\*\*\*550.00

*Manuel*  
10/1/97

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, as changed, or on an attachment with an address.

CR2E034 (4/97)