


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

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morthals Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #K49994 (2)</b>			
1. Corporation Name <b>THEO CO.</b> <b>40 MAVIS CARACOSTAS</b> <b>1120 SW 121 ST.</b> <b>MIAMI FLA 33176</b>		Mailing Address <b>EVAN CARACOSTAS</b> <b>1219 SUNCREST way</b> <b>CO. SNGS. CO. 80906</b>	
2. Principal Place of Business <b>1120 SW 121 ST.</b> <b>MIAMI FLA 33176</b>		3. Date Incorporated or Qualified <b>12/06/1988</b>	
21. Suite, Apt. #, etc.		32. Date of Last Report <b>1/22/97</b>	
22. City & State		4. FEI Number <b>650149379</b>	
23. Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25. Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26. Mailing Address		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
27. Suite, Apt. #, etc.		9. Name and Address of Current Registered Agent <b>MAVIS CARACOSTAS</b> <b>1120 SW 121 ST.</b> <b>MIAMI FLA. 33176</b>	
28. City & State		10. Name and Address of New Registered Agent	
29. Zip		81. Name	
30. Country		82. Street Address (P.O. Box Number is Not Acceptable) <b>3600 N.W. 37 Ct</b>	
31. Country		83.	
32. Country		84. City <b>Miami</b>	
33. Country		85. Zip Code <b>33142</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 officer 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			
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME			
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4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 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, changed, or on an attachment with an address.			
SIGNATURE: <b>EVAN CARACOSTAS</b> / <b>4/21/97</b> <b>719-576-6576</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)