

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

97 AUG -8 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K92856

(9)

1. Corporation Name
AXPRO CORP.

Principal Place of Business
% JOHN H. FRIEDHOFF
100 SE 2ND ST 17TH FLOOR
MIAMI FL 33131-1101

Mailing Address
% JOHN H. FRIEDHOFF
100 SE 2ND ST 17TH FLOOR
MIAMI FL 33131-2100

3. Date Incorporated or Qualified 06/05/1989	3a. Date of Last Report 12/12/1996
4. FEI Number 65-0227513	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

FRIEDHOFF, JOHN H
100 SE 2ND ST 17TH FLOOR
MIAMI FL 33131-1101

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 607.0502 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

TITLE	PT	DELETE
NAME	BELMONT, AUGUSTO	
STREET ADDRESS	100 SE 2ND ST 17TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	DELETE
NAME	BELMONT, ALEXIA	
STREET ADDRESS	100 SE 2ND ST 17TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	DELETE
NAME	BELMONT, JOHANN T	
STREET ADDRESS	100 SE 2ND ST 17TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	DELETE
NAME	FRIEDHOFF, JOHN H	
STREET ADDRESS	100 SE 2ND ST 17TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
600002264666-9 -08/12/97-01062-001 ****550.00 ****550.00					
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

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 in an attachment with an address.

SIGNATURE

[Signature]

8/8/97

CR2E034 (9/96)