

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

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Apr 01 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 # **L25731** (5)
1. Corporation Name
ASPIRO CORPORATION

Principal Place of Business
**6406 N CAMERON AVE
TAMPA FL 33614**

Mailing Address
**6406 N CAMERON AVE
TAMPA FL 33614-4813**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/26/1989	3a. Date of Last Report 04/25/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3022291		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	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 ASPIRO, JOSE R. 6406 N CAMERON AVE TAMPA FL 33614				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code	FL

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		(NOTE: Registered Agent's signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	DP	<input type="checkbox"/> DELETE				1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ASPIRO, JOSE R.					1.2 NAME					
STREET ADDRESS	6406 N CAMERON AVE					1.3 STREET ADDRESS					
CITY - ST - ZIP	TAMPA FL					1.4 CITY - ST - ZIP					
TITLE	DST	<input type="checkbox"/> DELETE				2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ASPIRO, BERTHA M.					2.2 NAME					
STREET ADDRESS	6406 N CAMERON AVE					2.3 STREET ADDRESS					
CITY - ST - ZIP	TAMPA FL					2.4 CITY - ST - ZIP					
TITLE	D	<input type="checkbox"/> DELETE				3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	RONDON, MARIA E.					3.2 NAME					
STREET ADDRESS	6406 N CAMERON AVE					3.3 STREET ADDRESS					
CITY - ST - ZIP	TAMPA FL					3.4 CITY - ST - ZIP					
TITLE	D	<input type="checkbox"/> DELETE				4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ASPIRO, JORGE L.					4.2 NAME					
STREET ADDRESS	6406 N CAMERON AVE					4.3 STREET ADDRESS					
CITY - ST - ZIP	TAMPA FL					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					
STREET ADDRESS						6.3 STREET ADDRESS					
CITY - ST - ZIP						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 if changed, or on an attachment with an address.

SIGNATURE:  **JOSE R. ASPIRO** 3/26/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0361784

CR2E034 (9/96)