

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # M42690 (1)
 1. Corporation Name
MONS CORP.



Principal Place of Business
2601 S COURSE DR #402 POMPANO BEACH FL 33069 US

Mailing Address
2601 S COURSE DR #402 POMPANO BEACH FL 33069-3984 US

3. Date Incorporated or Qualified
12/04/1986

3a. Date of Last Report
04/23/1996

2. Principal Place of Business
 21 **6606 SW 115 CT.**
 Suite, Apt #, etc.

22 **D**
 City & State

23 **MIAMI, FL**
 City & State

24 **33173** 25 **U.S.A**
 Zip Country

2a. Mailing Address
 26 **6606 S.W. 115 CT.**
 Suite, Apt #, etc.

27 **D**
 City & State

28 **MIAMI, FL**
 City & State

29 **33173** 30 **U.S.A**
 Zip Country

4. FEI Number
59-2741260

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
VELEZ, HUGO
2601 S COURSE DR #402
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name **VELEZ, Hugo**

82 Street Address (P.O. Box Number is Not Acceptable)
6606 SW 115 COURT

83 **UNIT #D**

84 City **MIAMI** 85 **FL** Zip Code **33173**

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 signature required when reinstating) DATE _____
 Signature: typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	PSM	<input type="checkbox"/> DELETE
NAME	VELEZ, HUGO	
STREET ADDRESS	2601 S COURSE DR #402	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 if changed, or on an attachment with an address.

SIGNATURE: *Hugo Velez* **Hugo Velez** Date **4/15/97** Daytime Phone # **(305) 274-8666**

CR2E034 (9/96)