

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

**FILED**

**May 13 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 # M90488 (1)**  
1. Corporation Name  
**MULTIBUSINESS CORPORATION**



Principal Place of Business  
**104 CRANDON BOULEVARD, SUITE 313  
KEY BISCAYNE  
MIAMI FL 33149**

Mailing Address  
**104 CRANDON BOULEVARD, SUITE 313  
KEY BISCAYNE  
MIAMI FL 33149-1542**

3. Date Incorporated or Qualified **07/21/1988** 3a. Date of Last Report **04/23/1996**

2. Principal Place of Business  
21 **610 RAMON GOMEZ, CPA  
782 NW 42 AV**  
22 Suite, Apt. #, etc. **447**  
23 City & State **MIAMI, FLORIDA**  
24 Zip **33126** 25 Country **USA**

2a. Mailing Address  
26 **610 RAMON GOMEZ, CPA  
782 NW 42 AV**  
27 Suite, Apt. #, etc. **447**  
28 City & State **MIAMI, FLORIDA**  
29 Zip **33126** 30 Country **USA**

4. FEI Number **65-0066552** Applied For Not Applicable  
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  
**LOPEZ-TAVAZZANI, JOSE R.  
104 CRANDON BOULEVARD  
KEY BISCAYNE  
MIAMI FL 33149**

10. Name and Address of New Registered Agent  
81 Name **RAMON GOMEZ**  
82 Street Address (P.O. Box Number is Not Acceptable) **782 NW 42 AV. SUITE 447**  
83  
84 City **MIAMI** FL 85 Zip Code **33126**

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]* DATE **4/24/97**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PTS	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, TAVAZZANI, JOSE R	
STREET ADDRESS	104 CRANDON BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, TAVAZZANI, JOSE R	
STREET ADDRESS	104 CRANDON BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, TAVAZZANI, F.	
STREET ADDRESS	104 CRANDON BLVD	
CITY-ST-ZIP	MIAMI FL	
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	PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LOPEZ, TAVAZZANI, JOSE R	
1.3 STREET ADDRESS	104 CRANDON BLVD	
1.4 CITY-ST-ZIP	MIAMI, FL 33126	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LOPEZ, TAVAZZANI, JOSE R	
2.3 STREET ADDRESS	104 CRANDON BLVD	
2.4 CITY-ST-ZIP	MIAMI, FL 33126	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LOPEZ, TAVAZZANI, F.	
3.3 STREET ADDRESS	104 CRANDON BLVD	
3.4 CITY-ST-ZIP	MIAMI, FL 33126	
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 *[Signature]* DATE **4/30/97** (205) 447 0400

CR2E034 (9/96)