

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

FILED

Feb 27 1997 8:00am
Secretary of State



CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # N11000004269

1. Corporation Name
7711 DICKENS AVE #2
MIAMI BEACH FL 33141

Principal Place of Business
77 DICKENS AVE #2
MIAMI BEACH FL 33141

Mailing Address
7711 DICKENS AVE #2
MIAMI BEACH FL 33141

3. Date Incorporated or Qualified
06/06/1977

3a. Date of Last Report
6/1/1996

4. FEI Number
126440571 / 530707

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

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
Modia David
7711 DICKENS AVE #2
MIAMI BEACH FL 33141

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 for the corporation and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *David Modia*
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	D.D. MOODIA DAVID 7711 DICKENS AVE #2 MB, FL 33141	1.1 TITLE	
12.2 STREET ADDRESS		1.2 NAME	
12.3 CITY - ST - ZIP		1.3 STREET ADDRESS	
12.4 TITLE	V.P.O.	1.4 CITY - ST - ZIP	
12.5 NAME	DEJESUS GIL MANGNO	2.1 TITLE	
12.6 STREET ADDRESS	7711 DICKENS AVE #3 MB, FL 33141	2.2 NAME	
12.7 CITY - ST - ZIP		2.3 STREET ADDRESS	
12.8 TITLE		2.4 CITY - ST - ZIP	
12.9 NAME	STO. IBOLYA FILER K.	3.1 TITLE	
12.10 STREET ADDRESS	7711 DICKENS AVE #4 MB, FL 33141	3.2 NAME	
12.11 CITY - ST - ZIP		3.3 STREET ADDRESS	
12.12 TITLE		3.4 CITY - ST - ZIP	
12.13 NAME		4.1 TITLE	
12.14 STREET ADDRESS		4.2 NAME	
12.15 CITY - ST - ZIP		4.3 STREET ADDRESS	
12.16 TITLE		4.4 CITY - ST - ZIP	
12.17 NAME		5.1 TITLE	
12.18 STREET ADDRESS		5.2 NAME	
12.19 CITY - ST - ZIP		5.3 STREET ADDRESS	
12.20 TITLE		5.4 CITY - ST - ZIP	
12.21 NAME		6.1 TITLE	
12.22 STREET ADDRESS		6.2 NAME	
12.23 CITY - ST - ZIP		6.3 STREET ADDRESS	
12.24 TITLE		6.4 CITY - ST - ZIP	
12.25 NAME		900002101929 -03/03/97--01016--040 ***165.00	

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 included 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: *David Modia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E034 (9/96)