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FILED

Jun 02 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra M. Northam
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **N94000002734 (1)**

1. Corporation Name

BUSINESS, INC.

Principal Place of Business

Mailing Address

10744 SW 118 ST.
MIAMI FL 33176
US10744 SW 118 ST.
MIAMI FL 33176-3944
US3. Date Incorporated or Qualified
05/27/19943a. Date of Last Report
06/06/1996

2. Principal Place of Business

21 **14411 COMMERCE WAY**

2a. Mailing Address

26 **14411 COMMERCE WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 310**27 **SUITE 310**

City & State

City & State

23 **MIAMI LAKES, FL**28 **MIAMI LAKES, FL**

Zip

Country

Zip

Country

24 **33016**25 **USA**29 **33016**30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCDONALD, JOHN K
THE LAW CENTER, 370 MINORC AVE.
CORAL GABLES FL 33134**

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | DATE, PAUL | |
| STREET ADDRESS | 214 NE 98TH ST | |
| CITY-ST-ZIP | MIAMI SHORES FL 33138 | |

| | | |
|--------------------|------------------------------|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | SUSAN JONES | |
| 1.3 STREET ADDRESS | 10744 S.W. 118 STREET | |
| 1.4 CITY-ST-ZIP | MIAMI, FL 33176 | |

| | | |
|----------------|-------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ROSENBAUM, SCOTT | |
| STREET ADDRESS | 6101 SUNSET DR | |
| CITY-ST-ZIP | MIAMI FL 33143 | |

| | | |
|--------------------|-------------------------|--|
| 2.1 TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | MIKE PAWLIGER | |
| 2.3 STREET ADDRESS | 6838 N.W. 77 CT. | |
| 2.4 CITY-ST-ZIP | MIAMI, FL 33166 | |

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | FLOYD, NADINE | |
| STREET ADDRESS | 5201 RAVENSWOOD RD. #110 | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33312 | |

| | | |
|--------------------|-----------|--|
| 3.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | LYNN, RICHARD | |
| STREET ADDRESS | 816 N.W. 11TH STREET | |
| CITY-ST-ZIP | MIAMI FL 33136 | |

| | | |
|--------------------|---|--|
| 4.1 TITLE | STD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | FRANK WILLIAMS | |
| 4.3 STREET ADDRESS | 12651 S. DIXIE HIGHWAY, STE. 102 | |
| 4.4 CITY-ST-ZIP | MIAMI, FL 33152 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| 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 | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

305 252 3727
Daytime Phone # 0033120

CR2E037 (9/96)