FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **APPROVED** PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 97 AUG -7 AM 10: 37 DIVISION OF CORPORATIONS 1997 SECRETARY OF STATE **DOCUMENT #** TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3141 SW 16TR. MIN FL. 33145 3. Date Incorporated or Qualified 3a. Date of Last Report Principal Place of Business 2a. Mailing Address Applied For Not Applicable MIAMI 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State Miani City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Yes No 24 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Бимиу ОПО 3141 5W 16TR. Мими FL. 33145 61 Name SAME . Street Address (P.O. Box Number is Not Acceptable) 62 63 Zip Code 84 City 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. Signatore, typed or project name of registered agent and title if applicable SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ZUMMY DRO + 1800 1800 3141 SW 16 TR Change Addition TITLE 1.1 TO E 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL. 33145 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Nicolas Columbie-ONO Change DELETE 2.1 T(1LE TITLE Man, Plant 3141 3W 16 TR 22 NAME NAME FL. 33145 2 3 STREET ADDRESS STREET ADDRESS MIA 200002264372---8 -08/12/97--**01660**--**------**2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Anthony Columbie 3141 SW 16TR 3.1 TITLE ****165.00 ****165.00 3.2 NAME NAME V.X STREET ADDRESS 3 3 STREET ADDRESS FL. 33145 CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition 41 TITLE TITLE 4 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE T 5.2 NAME NAME 5.3 STREET ADDRESS STREE ADDRESS CITY ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PRI