


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

FILED

Apr 14 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 # P93000012784 (3)		
1. Corporation Name BLIND 2000, INC.		



Principal Place of Business 1406 S.W. 2ND AVE FT LAUDERDALE FL 33315 US 4606 HIATUS Rd. SUNRISE FL. 33351	Mailing Address 777 RIVERSIDE DR SUITE 1521 CORAL SPRINGS FL 33071-7046 US 4606 HIATUS Rd SUNRISE FL 33351
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2. Principal Place of Business 21 4606 HIATUS Rd Suite, Apt. #, etc. 22 City & State 23 SUNRISE FL Zip 24 33351	2a. Mailing Address 26 4606 HIATUS Rd Suite, Apt. #, etc. 27 City & State 28 SUNRISE FL Zip 29 33351	3. Date Incorporated or Qualified 03/04/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0391310		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent RONDELLI, PATRIZIA 777 RIVERSIDE DR #1521 CORAL SPRINGS FL 33071	10. Name and Address of New Registered Agent RONDELLI, PATRIZIA 4606 HIATUS Rd SUNRISE FL 33351
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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, 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 P NAME RONDELLI, PATRIZIA STREET ADDRESS 777 RIVERSIDE DR SUITE #1521 CITY-ST-ZIP CORAL SPRINGS FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 4606 HIATUS Rd SUNRISE, FL 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address Only
TITLE V NAME RONDELLI, EVALDO STREET ADDRESS 777 RIVERSIDE DR SUITE #1521 CITY-ST-ZIP CORAL SPRINGS FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 4606 HIATUS Rd SUNRISE, FL 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address Only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X** *[Signature]* **4-8-97** **954-742-9330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)