

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 16, 1994.
 AMOUNT DUE ON OR BEFORE 8/16/94: \$225 (IF DISSOLVED, MEMBER AMOUNT DUE TO REINSTATE: \$375)

APPROVED
AND
FILED

95 MAY -1 PM 6:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000016446 (5)

1. Corporation Name
BACKBONE, INC.

Mailing Address: **9521 SW 51ST TER MIAMI FL 33165**
 Principal Place of Business: **9521 SW 51ST TER MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 03/03/1993		3a. Date of Last Report 05/01/94	
4. FEI Number 650406366		Applied For Not Applicable	
5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <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				10. Name and Address of New Registered Agent			
TEJERA PAUL A 9521 SW 51ST TER MIAMI FL 33165				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City		85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 thereby accept the appointment as registered agent I am familiar with, and accept the obligations of Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature typed or printed name of registered agent and the date of signature) (Signature typed or printed name of incorporator)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	
12 NAME	TEJERA PAUL A	12 NAME	
13 STREET ADDRESS	9521 SW 51ST TER	13 STREET ADDRESS	
14 CITY ST ZIP	MIAMI FL 33165	14 CITY ST ZIP	
21 TITLE		21 TITLE	
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	300001478843
24 CITY ST ZIP		24 CITY ST ZIP	-05/08/95--01047--023
31 TITLE		31 TITLE	****200.00****200.00
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 131.07(1)(b), 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 member or partner empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 13 of this report, or certain attachment with an address.

SIGNATURE: *Paul Tejera* **4/28/95** **305-552-6794**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR