

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

1-30-96 B-0463 NC

DOCUMENT # P93000028394 (3)

1. Corporation Name  
**THE SEVEN MARCH INC.**



Principal Place of Business <b>8180 N.W. 36 ST. STE. 404 MIAMI FL 33166 US</b>	Mailing Address <b>8180 N.W. 36 ST. 404 MIAMI FL 33166 US</b>
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3. Date Incorporated or Qualified <b>04/15/1993</b>	3a. Date of Last Report <b>02/08/1995</b>
4. FEI Number <b>65-6118922</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. City & State	24. Zip	25. Country	26. City & State	27. Zip	28. Country	29. City & State	30. Zip
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9. Name and Address of Current Registered Agent

**SHARP, YVONE  
8933 S.W. 123RD COURT  
APT. 110  
MIAMI FL 33183**

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
			<b>FL</b>	

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 \_\_\_\_\_ (Print name, typed or printed name of registered agent and the date of application) (901) Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>JOHNSON, LUIS</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>8933 S.W. 123RD CT. APT. 110</b>	CITY-STATE-ZIP <b>MIAMI FL 33186</b>	1.2 NAME	
TITLE <b>VD</b>	NAME <b>LIRIANO-RAMIREZ, JOSEFINA</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>8933 S.W. 123RD CT. APT. 110</b>	CITY-STATE-ZIP <b>MIAMI FL 33186</b>	1.4 CITY-STATE-ZIP	
TITLE <b>SD</b>	NAME <b>DIAZ-RODRIGUEZ, CARMEN</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>8933 S.W. 123RD CT. APT. 110</b>	CITY-STATE-ZIP <b>MIAMI FL 33186</b>	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	CITY-STATE-ZIP	2.4 CITY-STATE-ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-STATE-ZIP	3.4 CITY-STATE-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-STATE-ZIP	4.4 CITY-STATE-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-STATE-ZIP	5.4 CITY-STATE-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-STATE-ZIP	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Yvonne Sharp* **Gen. Mgr.** **01-18-96 (305) 593-5714**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)