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

2a. Mailing Address

City & State

Suite Apt. #. etc.

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PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000034020 (6)

PACESETTER IMPROVEMENTS, INC.

Principal Place of Business	Mailing Address
5775 SW 35 ST	5775 SW 35 ST
MIAMI FL 33155	Miami FL 33155-492
US	US

Country

9. Name and Address of Current Registered Agent

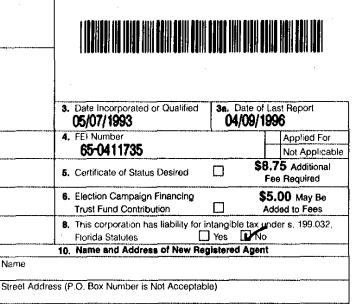
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FREITAG-PACE, BARBARA

5775 SW 35 ST

MIAMI FL 33155

FILED Jan 22 1997 8:00am Secretary of State



Zip Code

85

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. Familiar with and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typical or printed name of regions diagent and the if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.3 TITLE FREITAG-PACE, BARBARA 1.2 NAME NAME 5775 SOUTHWEST 35TH STREET 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST-ZIP CUTY-ST-ZIP DELETE Change Addition 2.1 THUE TITLE PACE, RONALD D 2.2 NAME NAME 5775 SW 35TH ST STREET ADDRESS 2.3 STREET ADDRESS MIAMI F 2.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS COTY - ST - ZIP 34. CITY - ST - ZIP DELETE Addition Change HILE 41 TITLE NAVE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CI1Y - \$1 - 7IP 44 CiTY - ST - ZIP Change Addition DELETE 5.1 TITLE TILLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CHTY - ST - 21P DELETE Change Addition 6.1 TITLE TILLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP OTY-ST- AP

Country

81 Name

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83 84 City

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14. I do hereby certily 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

1-7-97 (305)667-0839