

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

FILED
Apr 28 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 # P93000072375 (7)

1. Corporation Name
ERS INDUSTRIES, INC.



Principal Place of Business

**2040 NE 163RD ST
 SUITE 208
 MIAMI FL 33162**

Mailing Address

**2040 NE 163RD ST
 SUITE 208
 MIAMI FL 33162-4911**

2. Principal Place of Business

21 1990 N.E. 163rd Street

Suite, Apt. #, etc.

22 Suite 205

City & State

23 Miami, FL

Zip

24 33162

Country

25

2a. Mailing Address

26 1990 N.E. 163rd Street

Suite, Apt. #, etc.

27 Suite 205

City & State

28 Miami, FL

Zip

29 33162

Country

30

9. Name and Address of Current Registered Agent

**COMBS, PAUL
 2040 NE 163RD ST
 SUITE 208
 MIAMI FL 33162**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1990 N.E. 163rd Street

83 Suite 205

84 City
Miami

FL

85 Zip Code
33162

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.05(5) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE

PAUL COMBS

Name of registered agent and, if applicable,

(NOT Registered Agent signature, required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D/P	<input type="checkbox"/> DELETE
NAME	COMBS, PAUL	
STREET ADDRESS	2040 NE 163RD ST SUITE 208	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1990 N.E. 163rd Street - Ste. 205
1.4 CITY-ST-ZIP	Miami, FL 33162
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE:

(954) 475-7200

CR2E034 (9/96)