

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

FILED

May 13 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 # P94000016121 (3)

1. Corporation Name
BUSINESS MANAGER TEAM, INC.



Principal Place of Business 5921 S.W. 47TH STREET MIAMI FL 33155	Mailing Address 5921 S.W. 47TH STREET MIAMI FL 33155-8028
--	---

3. Date Incorporated or Qualified 03/01/1994	3a. Date of Last Report 05/01/1996
--	--

2. Principal Place of Business 21 4237 NW 37 Ave Suite, Apt. #, etc.	2a. Mailing Address 26 4237 NW 37 Ave Suite, Apt. #, etc.
22 City & State Miami FL	27 City & State Miami FL
23 Zip 33142 Country ?	28 Zip 33142 Country ?

4. FEI Number 65-0469929	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent DAVIS, EDUARDO A 5921 S.W. 47TH ST. MIAMI FL 33155	10. Name and Address of New Registered Agent 81 Name DAVIS, Eduardo A. 82 Street Address (P.O. Box Number is Not Acceptable) 4237 NW 37 Ave 83 84 City Miami FL 85 Zip Code 33142
--	--

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:  **EDUARDO A. DAVIS (PSD)** X **4/29/97**
Signature of registered agent or printed name (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, EDUARDO A	1.2 NAME	
STREET ADDRESS	5921 S.W. 47TH ST.	1.3 STREET ADDRESS	4237 NW 37 Ave
CITY-ST-ZIP	MIAMI FL 33155	1.4 CITY-ST-ZIP	Miami FL 33142
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, HORACIO M	2.2 NAME	
STREET ADDRESS	5921 S.W. 47TH ST.	2.3 STREET ADDRESS	4237 NW 37 Ave
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP	Miami FL 33142
TITLE	EO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMA G. DAVIS	3.2 NAME	NORMA G DAVIS
STREET ADDRESS	4237 NW 37 Ave	3.3 STREET ADDRESS	4237 NW 37 Ave
CITY-ST-ZIP	Miami FL 33142	3.4 CITY-ST-ZIP	Miami FL 33142
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  **NORMA G. DAVIS (Secretary)** 4/29/97 632-0820
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)