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Feb 11 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 # P94000019350 (5)

1. Corporation Name
SANDY PAPUNEN, INC.

Principal Place of Business
20921 N.E. 21ST AVENUE
MIAMI FL 33179

Mailing Address
20921 N.E. 21ST AVENUE
MIAMI FL 33179-1612



3. Date Incorporated or Qualified 03/09/1994	3a. Date of Last Report 05/02/1996
4. FEI Number 65-0471183	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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent PAPUNEN, SANDRA 20921 N.E. 21ST AVENUE MIAMI FL 33179	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. NAME	1.1 TITLE	1.2 NAME
NAME	2. NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STREET ADDRESS	3. NAME	2.1 TITLE	2.2 NAME
CITY-ST-ZIP	4. NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	5. NAME	3.1 TITLE	3.2 NAME
	6. NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	7. NAME	4.1 TITLE	4.2 NAME
	8. NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	9. NAME	5.1 TITLE	5.2 NAME
	10. NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	11. NAME	6.1 TITLE	6.2 NAME
	12. 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2/7/97 Daytime Phone #: 305-770-1994

CR2E034 (9/96)