

**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

**DOCUMENT # P94000033631 (0)**

1. Corporation Name  
**SRM ETC. CORPORATION**



Principal Place of Business: **3302 N.E. 166TH STREET NORTH MIAMI BEACH FL 33160**  
Mailing Address: **541 SW 182ND WAY PEMBROKE PINES FL 33029 US**

2. Principal Place of Business  
21 **541 SW 182ND WAY**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Pembroke Pines FL**  
Zip  
24 **33029** Country  
25 **U.S.A**

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

3. Date Incorporated or Qualified: **05/02/1994**  
3a. Date of Last Report: **04/18/1995**  
4. FEI Number: **65-0489369**  
Applied For: Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**BASTIDAS, HAROLD H  
541 SW 182 WAY  
PEMBROKE PINES FL 33029**

10. Name and Address of New Registered Agent  
81 Name: **Ana I Bastidas**  
82 Street Address (P.O. Box Number is Not Acceptable):  
83 **541 SW 182nd Way**  
84 City: **P. Pines** FL 85 Zip Code: **33029**

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 obligation to, Section 607.0505, Florida Statutes.  
SIGNATURE: *Ana I Bastidas* DATE: **5-6-96**

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BASTIDAS, HAROLD H	
STREET ADDRESS	541 S.W. 182ND WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VPSD	<input checked="" type="checkbox"/> DELETE
NAME	MALKUN, LUIS FERNANDO H	
STREET ADDRESS	3302 N.E. 166TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	VPSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	BASTIDAS, ANA I
23 STREET ADDRESS	541 SW 182 WAY
24 CITY-ST-ZIP	PEMBROKE PINES FL 33029
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	200001822482
44 CITY-ST-ZIP	-05/15/96--01052--021
51 TITLE	***200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<i>AEB</i>
63 STREET ADDRESS	5-1-96
64 CITY-ST-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)(a), 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: *Harold H Bastidas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-96 438-6241  
DATE OF FILING

CR2E034 (12/95)