

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 21 1996 8:00 am
Secretary of State

DOCUMENT # P94000033756 (5)

1. Corporation Name

FLORIDA CLIFFHANGER, INC.



Principal Place of Business

Mailing Address

8163 NW 60 ST
MIAMI FL 33166

8163 NW 60 ST
MIAMI FL 33166

2. Principal Place of Business

2a. Mailing Address

21 5561 N.W. 74 AVE

26 5561 N.W. 74 AVE

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 miami Fla

28 miami Fla

24 Zip Country

29 Zip Country

24 33166

29 33166

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/02/1994

3a. Date of Last Report

04/28/1995

4. FEI Number

65-0487890

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

Yes No

10. Name and Address of New Registered Agent

CALDERIN, ROBERT
8163 NW 60 ST
MIAMI FL 33166

81 Name

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

82 5561 N.W. 74 AVE

83

84

City miami

FL

85 Zip Code

33166

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person filing this report

Signature of person accepting appointment as registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE NAME STREET ADDRESS CITY-ST-ZIP

15 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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17 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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45 TITLE NAME STREET ADDRESS CITY-ST-ZIP

46 TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96 887-0700

CR2E034 (12/95)