

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

FILED
Mar 21 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 # P94000040269 (0)

1. Corporation Name
GAZARO, INC.



Principal Place of Business: **13204 BURNES LAKE DR TAMPA FL 33612 US**
 Mailing Address: **13204 BURNES LAKE DR TAMPA FL 33612-1819 US**

3. Date Incorporated or Qualified: **05/27/1994**
 3a. Date of Last Report: **02/06/1996**
 4. FET Number: **59-3246470**
 Applied Fc: Not Appli
 5. Certificate of Status Desired: **\$8.75** Addition, 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

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

9. Name and Address of Current Registered Agent
STULL, R. JEFFREY
602 S BLVD
TAMPA FL 33606

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code: **FL**

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: _____ DATE: _____
Signature type for professional registered agent not filed applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
 DELETE
 1.1 TITLE: **DVPS**
 1.2 NAME: **LAZARO, PEDRO L**
 1.3 STREET ADDRESS: **13204 BURNES LAKE DR**
 1.4 CITY-ST-ZIP: **TAMPA FL 33612**
 2.1 TITLE: DELETE
 2.2 NAME:
 2.3 STREET ADDRESS:
 2.4 CITY-ST-ZIP:
 3.1 TITLE: DELETE
 3.2 NAME:
 3.3 STREET ADDRESS:
 3.4 CITY-ST-ZIP:
 4.1 TITLE: DELETE
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY-ST-ZIP:
 5.1 TITLE: DELETE
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY-ST-ZIP:
 6.1 TITLE: DELETE
 6.2 NAME:
 6.3 STREET ADDRESS:
 6.4 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 Change Addition
 1.1 TITLE: Change Addition
 1.2 NAME:
 1.3 STREET ADDRESS:
 1.4 CITY-ST-ZIP:
 2.1 TITLE: Change Addition
 2.2 NAME:
 2.3 STREET ADDRESS:
 2.4 CITY-ST-ZIP:
 3.1 TITLE: Change Addition
 3.2 NAME:
 3.3 STREET ADDRESS:
 3.4 CITY-ST-ZIP:
 4.1 TITLE: Change Addition
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY-ST-ZIP:
 5.1 TITLE: Change Addition
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY-ST-ZIP:
 6.1 TITLE: Change 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: **X** *P. Lazaro*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2-7-97**
 Day/Time From: _____

CR2E034 (9/96)