

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 # P94000051769 (5)

1. Corporation Name

BITTER HOLDINGS II, INC.



Principal Place of Business

Mailing Address

3191 CORAL WAY
PH-2
MIAMI FL 33145

3191 CORAL WAY
PH-2
MIAMI FL 33145

2. Principal Place of Business

2a. Mailing Address

21 16900 S. Dixie Highway
Suite, Apt. #, etc.

26 16900 S. Dixie Highway
Suite, Apt. #, etc.

22 City & State

23 miami, Florida

24 Zip 33157

25 Country USA

27 City & State

28 miami, Fla

29 Zip 33157

30 Country Dst

3. Date Incorporated or Qualified
07/08/1994

3a. Date of Last Report
04/18/1995

4. FEI Number
65-0571158

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

SCHIMMEL, ROBERT L
3191 CORAL WAY
PH-2
MIAMI FL 33145

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BITTER, JAMES R	
STREET ADDRESS	16900 S. DIXIE HIGHWAY, SUITE B	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BITTER, JOYCE	
STREET ADDRESS	16900 S. DIXIE HWY., STE. B	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BITTER, JAMES J	
STREET ADDRESS	16900 S. DIXIE HIGHWAY, STE. B	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BITTER, RAYMOND	
STREET ADDRESS	16900 S. DIXIE HWY., STE. B	
CITY-ST-ZIP	MIAMI FL	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Joyce Bitter

Date

4/29/96

Daytime Phone #

305-251-4777

CR2E034 (12/95)