


FILED

Jan 17 1997 8:00am
Secretary of State

<div style="display: inline-block; text-align: center;">PROFIT CORPORATION ANNUAL REPORT 1997</div> <div style="display: inline-block; text-align: center;"> FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</div>			
DOCUMENT # P94000059655 (8)			
1. Corporation Name SEL-AGENCIES, INC.			
Principal Place of Business 9000 S.W. 56TH ST. MIAMI FL 33165 US		Mailing Address 9000 S.W. 56TH ST. MIAMI FL 33165-6643 US	
2. Principal Place of Business		2a. Mailing Address	
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip		Zip	
24	25	29	30
Country		Country	
9. Name and Address of Current Registered Agent			
MEDINA, PABLO 9000 S.W. 56TH ST. MIAMI FL 33173			81 Name
			82 Street Address
			83
			84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida, Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE <i>Pablo Medina, Pres.</i> <small>(NOTE: Registered Agent signature required)</small>			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	13.
NAME	MEDINA, PABLO		1.1 TITLE
STREET ADDRESS	9000 S.W. 56TH ST.		1.2 NAME
CITY - ST - ZIP	MIAMI FL		1.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP
NAME			2.1 TITLE
STREET ADDRESS			2.2 NAME
CITY - ST - ZIP			2.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP
NAME			3.1 TITLE
STREET ADDRESS			3.2 NAME
CITY - ST - ZIP			3.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP
NAME			4.1 TITLE
STREET ADDRESS			4.2 NAME
CITY - ST - ZIP			4.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP
NAME			5.1 TITLE
STREET ADDRESS			5.2 NAME
CITY - ST - ZIP			5.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP
NAME			6.1 TITLE
STREET ADDRESS			6.2 NAME
CITY - ST - ZIP			6.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	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 Block 12 or Block 48 if changed, or on an attachment with an address.			
SIGNATURE: <i>Pablo Medina, Pres.</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



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