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

PROFIT CORPORATION ANNUAL REPORT

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 14 1997 8:00am Secretary of State

Change

	1997	DIVISION OF	F CORPOS	RATIONS	_ Secretai	ry of State
DOCU	MENT # P94000	073189 (0)			to the second of	
	INDUSTRIES, INC.	,				
Principal Place	of Business	Mailing Address			- 1 19 5 (15 Or 115 (15 15 15 15 15 15 15 15 15 15 15 15 15 1	12 \$6710 70080 4110 1100 E0110 [OCE 5080
8250 NW 27TH ST 8250 NW 27TH ST					'	
SUITE 307		SUITE 307				
MIAMI FL 33122		MIAMI FL 33122-1904				
US		US			 Date Incorporated or Qualified 10/06/1994 	3a. Date of Last Report 06/17/1996
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Applied Far
21		26			65-0526654	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional	
22		27			3. Certinoate of otatos besited	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Z:p	Country	Zip	cc	untry	8. This corporation has liability for	
24	25	29	30		1.0	Yes No
	Name and Address of Curren	t Registered Agent		1	10. Name and Address of New R	egistered Agent
PRE'	VITT, PETER ESQ			81 Name		
5825 SUNSET DR 82 Street Adv				ress (P.O. Box Number is Not Accepta	ibie)	
SUITE 210					·	
M/AMI FL 33143				83		
				84 City		85 Zíp Code
				Oily .		FL 85 Zip Code
11. Pursuant to office or re	to the provisions of Sections 607.050: egistered agent, or both, in the State	2 and 607.1508, Florida Sta of Florida, Such change wa	tutes, the	above-named corpora	poration submits this statement for the tion's board of directors. I hereby according	purpose of changing its registered ept the appointment as registered
SIGNATURE						DATE
12.	Signature, typed or printed name of registered age OFFICERS AND		13	ed Agent signature requi	ADDITIONS/CHANGES TO OFF	
TITLE	P OFFICERS AND	I DELETE		TITLE	ADDITION OF THE OFF	Change Addition
NAME	TSOHN, AMI			NAME		,
	8250 NW 27TH ST., STE 307			STREET ADDRESS		
STREET ADORESS	MIAMI FL				•	
CITY - ST - ZIP	S	DELETÉ		OTTY-ST-ZIP		Change Addition
TITLE	TSOHN, ROSEMARY			NAME		
NAME	8250 NW 27TH ST., STE. 307		1			
STREET ADDRESS	MIAMI FL		1	STREET ADDRESS		
CITY-ST-Z:P	IVIIAWI FL	DELETE		CITY-ST-ZIP		Change Addition
TITLE				TITLE		Osignigo Accustos
NAME				NAME .		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP	·	Change Addition
TITLE		L DELETE		TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ACORESS			4.3	STREET ADDRESS		
CITY-ST-Z:P				CITY-ST-ZIP		
TITLE		☐ DELETS	5.1	TILE		Change Addition
NAME			5.2	HAME		
STREET ADDRESS			5.3	STREET ADDRESS		
C1TY-ST-Z1P			5.4	CITY-ST-ŽIP	<u> </u>	

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 on an attachment with an address.

5.1 77 LE

6.2 NAME

6.3 STREET ADDRESS

DELETE