

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 03 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000075658 (2)
 1. Corporation Name
ASA INTERNATIONAL, INC.



Principal Place of Business 16057 TAMPA PALMS BLVD. W. #141 TAMPA FL 33647	Mailing Address 16057 TAMPA PALMS BLVD. W. #141 TAMPA FL 33647
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 15441 PLANTATION OAKS		26 15441 PLANTATION OAKS		10/14/1994		06/10/1996	
22 Suite, Apt. #, etc. # 16		27 Suite, Apt. #, etc. # 16		4. FEI Number 65-0527710		Applied For Not Applicable	
23 City & State TAMPA, FL		28 City & State TAMPA, FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip 33647		25 Country USA		29 Zip 33647		30 Country USA	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent
**RAPPORT, STEPHEN R
 201 ALHAMBRA CIRCLE
 SUITE 502
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name ALFREDO ALAMO	85 Zip Code 33647
82 Street Address (P.O. Box Number is Not Acceptable) 15441	
83 PLANTATION OAKS DR # 16	
84 City TAMPA	85 State 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 **ALFREDO ALAMO** DATE **8/29/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	ALAMO, ALFREDO	
STREET ADDRESS	16057 TAMPA PALMS BLVD., #141	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ALAMO, ESTELA	
STREET ADDRESS	16057 TAMPA PALMS BLVD.	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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.

SIGNATURE: **ALFREDO ALAMO** DATE: **8/29/97** (813) 9776237

CR2E034 (4/97)