


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

FILED

May 20 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 #		P94000075815(8)			
1. Corporation Name		34 NE 167 st North miami Bch. Fl. 33162			
Principal Place of Business		Mailing Address 34 N.E. 167 st N. miami Bch Fla 33162			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt #, etc		26 Suite, Apt #, etc.		4/23/97	
22 City & State		27 City & State		3a. Date of Last Report	
23 Zip		28 Zip		3-17-97	
24 Country		29 Country		4. FEE Number	
25		30		65-0527512	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		Applied For	
Norma Hutson 12210 NW 17 ct miami Fla 33167		81 Name		Not Applicable	
		82 Street Address (P.O. Box Number is Not Acceptable)		5. Certificate of Status Desired	
		83		<input type="checkbox"/> \$8.75 Additional Fee Required	
		84 City		6. Election Campaign Financing Trust Fund Contribution	
		FL		<input type="checkbox"/> \$5.00 May Be Added to Fees	
		85 Zip Code		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 state if applicable (NOTE: Registered Agent signature required when reinstating)					
DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
8000002200078					
-06/03/97--01081--033					
***165.00					
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: Richmond Owens					
(305) 944-6810					

CR2E034 (9/96)