

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

**FILED**

**Mar 19 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 # P94000075837 (2)**

1. Corporation Name  
**BIRD ROAD #23, INC.**



Principal Place of Business

**8675 NW 53 STREET  
SUITE 109  
MIAMI FL 33166**

Mailing Address

**8675 NW 53 STREET  
SUITE 109  
MIAMI FL 33166-4512**

3. Date Incorporated or Qualified <b>10/13/1994</b>	3a. Date of Last Report <b>04/25/1996</b>
4. FEI Number <b>65-0528819</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

**RAMIREZ, FRED ESQ.  
10041 PINES BLVD  
SUITE C  
PEMBROKE PINES FL 33024**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			<b>FL</b>	

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

(NOTE: Registered Agent signature required when reinstating)

DATE

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	8675 NW 53 STREET, SUITE 109	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - STATE - ZIP	MIAMI FL 33166	2.1 TITLE	2.2 NAME
TITLE		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
NAME		3.1 TITLE	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
CITY - STATE - ZIP		4.1 TITLE	4.2 NAME
TITLE		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
NAME		5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
CITY - STATE - ZIP		6.1 TITLE	6.2 NAME
TITLE		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
NAME			
STREET ADDRESS			
CITY - STATE - 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, or on an attachment with an address

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-5-97 305-477-5800**

CR2E034 (9/96)