SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 21 PM 12: 43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000076171 (5)

1. Corporation Name
BEAM ONE, INC.

Principal Place of Business	Mailing Address
2300 MIAMI CENTER 201 SOUTH BISCAYNE BLVD. MIAMI FL 33131-4329	2300 MIAMI CENTER 201 SOUTH BISCAYNE BLVD. MIAMI FL 33131-4329

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1865 Brickell Ave.	26 1865 Brickell Ave
Suite, Apt. #, etc. 22 #A-207	Suite, Apt. #, etc. 27 A-207
City & State 23 Miami Fla	City & State 28 Miami Fla
Zip 24 33129 Country 25 USA	Zip 29 33124 Country 30 USA

4. FEI Number — [X] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	11 TITLE	[X] Change [ ] Addition
NAME	COHEN, LYNNIA	12 NAME	1865 Brickell Ave #A-207
STREET ADDRESS	2300 MIAMI CENTER 201 S. BISCAYNE BLVD.	13 STREET ADDRESS	Miami, Fla 33129
CITY-ST-ZIP	MIAMI FL 33131-4329	14 CITY-ST-ZIP	
TITLE	VS	21 TITLE	[ ] Change [ ] Addition
NAME	SCHERE, LESLIE A	22 NAME	1865 Brickell #A-207
STREET ADDRESS	2300 MIAMI CENTER 201 S. BISCAYNE BLVD.	23 STREET ADDRESS	Miami, Fla 33129
CITY-ST-ZIP	MIAMI FL 33131-4329	24 CITY-ST-ZIP	
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Lynnia Cohen ______ June 8 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037817 CP