FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 27 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088145 (5)

1. Corporation Name
MONTANARI, INC.

Principal Place of Business
8362 PINES BLVD., SUITE 224
PEMBROKE PINES FL 33024

Mailing Address
8362 PINES BLVD., SUITE 224
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 10031 Pines Blvd.
Suite, Apt. #, etc.
22 Suite # 239
City & State
23 PEMBROKE PINES, FL 33024
Zip
24 33024
Country
25 BROWARD

2a. Mailing Address
26 10031 Pines Boulevard
Suite, Apt. #, etc.
27 Suite # 239
City & State
28 PEMBROKE PINES, FL 33024
Zip
29 33024
Country
30 BROWARD

4. FEI Number — [X] Applied For / [ ] Not Applicable

5. Certificate of Status Desired [X] — $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 [X] No

9. Name and Address of Current Registered Agent

BUTTER, JAMES
8362 PINES BLVD., SUITE 224
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name: DAVID SCOTT
82 Street Address (P.O. Box Number is Not Acceptable)
83 10031 Pines Boulevard, Suite # 239
84 City: PEMBROKE PINES FL
85 Zip Code: 33024

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: DAVID SCOTT — [signature] — DATE 3-15-95

Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUTTER, JAMES
STREET ADDRESS	8362 PINES BLVD., SUITE 224
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	P	[X] Change [ ] Addition
1 2 NAME	SCOTT, DAVID	
1 3 STREET ADDRESS	10031 Pines Boulevard, Suite #239	
1 4 CITY-ST-ZIP	~~PEMBROKE PINES, FL 33024~~	
2 1 TITLE		[ ] Change [ ] Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		[ ] Change [ ] Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		[ ] Change [ ] Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		[ ] Change [ ] Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		[ ] Change [ ] 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 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: [signature] DAVID SCOTT — 3-13-95 — 430-5571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000723 CP