

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

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Apr 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000090437 (2)**

1. Corporation Name  
**IN TOUCH SERVICES ENTERPRISES, INC.**

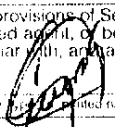


Principal Place of Business <b>10550 N.W. 77TH CT. #219 HIALEAH GARDENS FL 33016</b>	Mailing Address <b>10550 N.W. 77TH CT. #219 HIALEAH GARDENS FL 33016-2071</b>
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2. Principal Place of Business 21 <b>10550 N.W. 77 COURT</b> Suite, Apt. #, etc. 22 <b>#209</b> City & State 23 <b>HIALEAH GARDENS, FL</b> Zip 24 <b>33016</b>		2a. Mailing Address 26 <b>10550 N.W. 77 COURT</b> Suite, Apt. #, etc. 27 <b>#209</b> City & State 28 <b>HIALEAH, GARDENS, FL</b> Zip 29 <b>33016</b>		3. Date Incorporated or Qualified <b>12/14/1994</b>		3a. Date of Last Report <b>04/16/1996</b>	
		4. FEI Number <b>65-0539413</b>		Applied For Not Applicable			
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>RUBIO, ALBERTO 10550 N.W. 77TH CT. #308 HIALEAH GARDENS FL 33016</b>				10. Name and Address of New Registered Agent 81 Name <b>CARLOS A. MORA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>10550 N.W. 77 COURT</b> 83 <b>#209</b> 84 City <b>HIALEAH, GARDENS</b> <b>FL</b> 85 Zip Code <b>33016</b>			
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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  DATE **3/26/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PVST</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>CARLOS A. MORA PRES</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>RUBIO, ALBERTO</b>		1.2 NAME	<b>10550 NW 77 COURT</b>			
STREET ADDRESS	<b>10550 N.W. 77TH COURT #219</b>		1.3 STREET ADDRESS	<b>#209</b>			
CITY-ST-ZIP	<b>HIALEAH GARDENS FL 33016</b>		1.4 CITY-ST-ZIP	<b>HIALEAH GARDENS, FL 33016</b>			
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<b>ROSALINA AGUILERA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			2.2 NAME	<b>10550 N.W. 77 COURT</b>			
STREET ADDRESS			2.3 STREET ADDRESS	<b>HIALEAH GARDENS FL 33016</b>			
CITY-ST-ZIP			2.4 CITY-ST-ZIP	<b>VICE PRESIDENT, SECRETARY</b>			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 or on an attachment with an address.

SIGNATURE:  DATE **3/26/97** DAYTIME PHONE **305-827-3744**

CR2E034 (9/96)