

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000006400 (2)

1. Corporation Name
SYNERGY HUMANISTICS INC.

Principal Place of Business

Mailing Address

12224 SW 118TH LANE
MIAMI FL 33186

12224 SW 118TH LANE
MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	9801 SW 142nd Dr	26	9801 SW 142nd Dr
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State Miami, FL		28 City & State Miami, FL	
24 Zip 33176	25 Country	29 Zip 33176	30 Country

3. Date Incorporated or Qualified 01/24/1995	
4. FEI Number 65-0549883	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GUGLIUZZA, SALVATORE A 31551 SW 193RD AVE. HOMESTEAD FL 33030 (Same Agent New address) ->		81 Name Gugliuzza, Salvatore A.	82 Street Address (P.O. Box Number is Not Acceptable) 7350 SW 100 St.
		83	
		84 City Pinecrest	85 Zip Code FL 33156

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 Federico Faerron DATE April 8/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAERRON, FRED	1.2 NAME	
STREET ADDRESS	C/O 12224 SW 118TH LANE	1.3 STREET ADDRESS	9801 SW 142nd Drive
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAERRON, JUDY C	2.2 NAME	
STREET ADDRESS	C/O 12224 SW 118TH LANE	2.3 STREET ADDRESS	9801 SW 142nd Drive
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	Miami, FL 33176
TITLE		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		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		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		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 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 Federico Faerron (305) 259 8896

CR2E034 (10/97)