

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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra F. Mortimer
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 JUN 24 PM 12:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000009596 (4)**

1. Corporation Name
Abreast, Inc.

Principal Place of Business Mailing Address
2910 Collins Ave Miami Beach, FL 33139 **2910 Collins Ave. Miami Beach, FL 33139**

3. Date Incorporated or Qualified 3a. Date of Last Report

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

4. FEI Number **65-0557069** 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**
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

Dominquez Gerardo
9621 Fontainebleau Blvd #304
Miami, FL 33172

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable) **2910 Collins Ave.**
 83
 84 **Miami Beach** FL 85 Zip Code **33139**

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 (Type or typed or printed name of registered agent, and file if applicable) (NOTE: Registered Agent's signature required when reappointing) (DATE)

12. OFFICERS AND DIRECTORS

1	NAME	Rodil Walter	<input type="checkbox"/> DELETE
	STREET ADDRESS	9621 Fontainebleau Blvd #304	
	CITY, ST, ZIP	Miami, FL 33172	
2	NAME	Dominquez Gerardo	<input type="checkbox"/> DELETE
	STREET ADDRESS	9621 Fontainebleau Blvd #304	
	CITY, ST, ZIP	Miami, FL 33172	
3	NAME		<input type="checkbox"/> DELETE
	STREET ADDRESS		
	CITY, ST, ZIP		
4	NAME		<input type="checkbox"/> DELETE
	STREET ADDRESS		
	CITY, ST, ZIP		
5	NAME		<input type="checkbox"/> DELETE
	STREET ADDRESS		
	CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III 12

11	TITLE	Rodil Walter P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	340 SW 122 Ct.	
13	STREET ADDRESS	Miami, FL 33184	
14	CITY, ST, ZIP		
21	TITLE	Dominquez Gerardo VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	340 SW 122 Ct.	
23	STREET ADDRESS	Miami, FL 33184	
24	CITY, ST, ZIP		
31	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME		
33	STREET ADDRESS	500002225285--7	
34	CITY, ST, ZIP	-06/27/97--01105--014	
41	TITLE	****165.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME		
43	STREET ADDRESS		
44	CITY, ST, ZIP		
51	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME		
53	STREET ADDRESS		
54	CITY, ST, ZIP		
61	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME		
63	STREET ADDRESS		
64	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)(a), 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. If 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-97 (305) 531-5715
 Date Date