FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

COL	PROFIT CORPORATION ANNUAL REPORT 1996 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS											
DOCU	MENT# P	9500003	8035 ('8)								
1. Corporation A BRI	on Name DE'S SECRET, INC			,- <i>)</i> ,		İ						
						ĺ	11111					ļ
Principal Place	e of Business		ing Address		· ·							
9445 FONTA UNIT 113 T MIAMI PL 3		<u>_U</u> î	9445 FONTAINBLEAU BLVD: UNIT 112- MIAMI FL 33172				3. Date Inco	rporated or Qualified	3a Data	of Look E		
8 D /							05/12	/1995	3a. Date	OI Last H	eport	
21 894	lace of Business -896 - NOX	27H KROZOC	Majfig Address Nenda	,			4. FEI Numb	0581475		⊢ -+	Applied For	
Suite, Apt.	#, etc.	₁	Suite, Apt. #, etc.			·		of Status Desired			Not Applicab Additional	ie
City & Stat		27 27	⊃ty & State					ampaign Financing		Fee	Required	
	sical, t	<u>28</u>	·					d Contribution		\$5.0 _ Adde	0 May Be d to Fees	
Zip 24 330:	30 25 DA	DE 29	ļb	30 Co	untry		8. This corpo	ration has liability for i	ntangible (ax	under s	199.032,	
		ss of Current Register	red Agent					d Address of New R		gent		
LOPEZ,	DALII				81 Name							
	.W. 27TH AVENUE				82 Street	Address	(P.O. Box Nu	mber is Not Acceptab	le)			
MIAMI F	FL 33142				83						· · · · · · · · · · · · · · · · · · ·	
					84 Crty					85 Zı	o Code	~
11. Pursuant t	to the provisions of Section red agent, or both, in the thin, and accept the obligat	ns 607.0502 and 607.1	508, Florida Stati	utes the abo	ve-named c	corporation	1 submits this	Statement for the pure	FL			
familiar wi	th, and accept the obligat	State of Horida. Such of ions of, Section 607,050	nange was author 05, Florida Statut	rized by the o es	corporation's	s board of	directors. The	ereby accept the appo	ointment as r	egistered	agent. I am	зе <u> </u>
SIGNATURE _	Signature, typied or printed hanno o	fregistered agent and this if appli	Gathe, A	NOTE Registeres	Ament Signature	ren involvation	e solo i talli					
12.	OF	FICERS AND DIRECTO	DRS	13.		responsor with		S/CHANGES TO OFFI	DATE CERS AND D	DIR E CTÓ	RS IN 12	<u>€</u>
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STREET ADDRESS CITY-ST-ZIP				6.3 ST	REFT ADDRESS							

6 4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this fing 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 appear regge or supplemental annual report is 100 and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or or an attackpoint with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF STANLING OFFICER OR DISECTOR

4/28/96 (305) 242-1124