

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
 AND  
 FILED

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1997 AUG -5 PM 4:12

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000043785 (1)  
 1. Corporation Name  
**EMPOWERMENT CONCEPTS, INC.**



Principal Place of Business: 9400 SO. DADELAND BLVD. STE 104 MIAMI FL 33156  
 Mailing Address: 9400 SO. DADELAND BLVD. STE 104 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 10800 SW 135 Terrace Suite, Apt. #, etc. 22 Miami FL 23 33176 25 USA  
 2a. Mailing Address: 26 SAME #21 Suite, Apt. #, etc. 27 Miami, FL 28 33174 30 USA

3. Date Incorporated or Qualified: 05/30/1995  
 3a. Date of Last Report: 07/30/1996  
 4. FEI Number: APPLIED FOR 65-0706209 Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 APOTHEKER, S M  
 9400 SO. DADELAND BLVD. STE 104  
 MIAMI FL 33156

10. Name and Address of New Registered Agent  
 81 Name: Rebecca Ingram Leonard  
 82 Street Address (P.O. Box Number is Not Acceptable): Nations Bank Bldg. Ste #200  
 83 1313 NW 36 Street  
 84 City: Miami FL 85 Zip Code: 33142

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: *Dominique Rose Deere*

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DEL ROSARIO, JACQUELINE J	
STREET ADDRESS	10800 SW 135TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DEL ROSARIO, JACQUELINE	
13 STREET ADDRESS	10800 SW 135 Terrace	
14 CITY-ST-ZIP	MIAMI FL 33176	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	100002263111	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	-08/11/97--01069--020	
43 STREET ADDRESS	****165.00	****165.00
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		

*USA 8/15/97*

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: *Dominique Rose Deere*

CR2E034 (4/97)

# ReCapturing the Vision

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July 25, 1997

Florida Dept. of State  
Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302

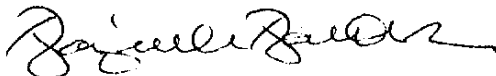
Dear Sirs:

I recently received the 2nd notice of the 1997 Profit Corporation Annual Report. It went to my attorney's office address. Mr. Melvin Apotheker, my attorney recently died, I have since been receiving all information on the two corporations he handled at my home address. Why this document went to his address, I will never know, unless of course a change of address was never relieved by your office. Apparently the proper notice was received by the Office of Non Profit Corporations, as I have relieved all subsequent correspondences at my correct address. Luckily for me, the secretary of Mr. Apotheker's partner notified me when this letter arrived. According to her. This is the first and only letter to arrive from your office.

I have tried to reach your office by dialing the number listed on the report, but failed to get through. Due to the urgent nature of this matter, I have resorted to writing. Enclosed please find the corporation annual report along with both the annual and supplemental fees. I am requesting that you waive the late fee as I have not failed to act appropriately.

Should you have any questions I may be reached at any time by pager at (305) 886-4656, or 235-1185

Sincerely,



Jacqueline Jones Del Rosario