

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

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000048632 (0)

1. Corporation Name
EZ PAGE INC.



Principal Place of Business 12005 SW 100 STREET MIAMI FL 33177	Mailing Address 12005 SW 100 STREET MIAMI FL 33177
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3. Date Incorporated or Qualified 06/15/1995	3a. Date of Last Report 07/25/1996
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2. Principal Place of Business 21 13411 SW 56 ST. Suite, Apt. #, etc.	2a. Mailing Address 26 13411 SW 56 ST. Suite, Apt. #, etc.
22 City & State Miami, FL 33175	27 City & State Miami, FL
23 Zip 33175	28 Zip 33175
24 Country DADE	29 Country DADE

4. FEI Number APPLIED FOR 65-0591564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SANGUILY, ARMANDO 12005 SW 100 STREET MIAMI FL 33177	10. Name and Address of New Registered Agent 81 Name ALFREDO SANGUILY 82 Street Address (P.O. Box Number is Not Acceptable) 13411 SW 56 ST. 83 84 City Miami FL 85 Zip Code 33175
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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 *[Signature]* **ALFREDO SANGUILY** **4-9-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE ALFREDO SANGUILY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANGUILY, ARMANDO		1.2 NAME	
STREET ADDRESS 12005 SW 100 STREET		1.3 STREET ADDRESS 13411 SW 56 ST.	
CITY-ST-ZIP MIAMI FL 33177		1.4 CITY-ST-ZIP MIAMI, FL 33175	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE Secretary/Treasure	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME MARIA SANGUILY	
STREET ADDRESS		2.3 STREET ADDRESS 13411 SW 56 ST.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP MIAMI, FL 33175	
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: *[Signature]* **ALFREDO SANGUILY** **4-9-97** **305-225-9939**

CP2E034 (9/96)