

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.)

FILED
Aug 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000053070 (5)

1. Corporation Name
FERSAN, INC.

Principal Place of Business

Mailing Address

~~6000 N.W. 74 AVENUE~~
~~MIAMI FL 33122~~

~~3300 N.W. 74 AVENUE~~
~~MIAMI FL 33122~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 7620 NW 63 ST

26 7620 NW 63 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI FL

28 MIAMI FL

Zip

Country

Zip

Country

24 33166

25

29 33166

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERNANDEZ, MARTA S
145 SW 25TH ROAD
MIAMI FL 33129

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, 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 SD
NAME FERNANDEZ, JULIO
STREET ADDRESS 445 SW 25TH ROAD
CITY-ST-ZIP MIAMI FL 33129

11 TITLE S-D
12 NAME FERNANDEZ, JULIO
13 STREET ADDRESS 7620 NW 63 ST
14 CITY-ST-ZIP MIAMI FL 33166

TITLE ~~BP~~
NAME ~~SANTEIRO, ANTONIO~~
STREET ADDRESS ~~445 S.W. 25TH ROAD~~
CITY-ST-ZIP ~~MIAMI FL 33129~~

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE VPD
NAME CASTRO, JOHN
STREET ADDRESS 445 SW 25TH ROAD
CITY-ST-ZIP MIAMI FL 33129

31 TITLE P-V-P-D
32 NAME CASTRO JOHN
33 STREET ADDRESS 7620 NW 63 ST
34 CITY-ST-ZIP MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
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)(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] DATE: 8/14/97 (305) 711-0960

CR2E034 (4/97)