

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

FILED
May 09 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 # P95000060995 (4)

1. Corporation Name
OPTION MARKETING OF FLORIDA CORP.

Principal Place of Business
13210 SW 131ST STREET
MIAMI FL 33186

Mailing Address
13210 SW 131ST STREET
MIAMI FL 33186-5887



2. Principal Place of Business 21 13210 S.W. 131st Suite, Apt. #, etc. 22 City & State Miami FL 33186 23 Zip 24 Country		2a. Mailing Address 26 P.O. Box 165753 Suite, Apt. #, etc. 27 City & State Miami FL 33186 28 Zip 29 Country 30		3. Date Incorporated or Qualified 08/07/1995	3a. Date of Last Report 05/01/1996
				4. FET Number 65-0603104	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 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HERNANDEZ, RAPHAEL 8950 SW 142ND ST APT 912 MIAMI FL 33186		10. Name and Address of New Registered Agent 81 Name RAPHAEL HERNANDEZ 82 Street Address (P.O. Box Number is Not Acceptable) 83 9695 S.W. 138 AVE 84 City Miami FL 85 Zip Code 33186	
--	--	---	--

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 _____ DATE 1-31-97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	HERNANDEZ, RAFAEL	1.2 NAME	
STREET ADDRESS	8950 SW 142ND ST., APT 912	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	HERNANDEZ, RAPHAEL	2.2 NAME	
STREET ADDRESS	8950 SW 142ND ST., APT 912	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: _____ DATE 1-31-97 305-254044

CR2E034 (9/96)