

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000067081 (6)

1. Corporation Name

AV INTERSPACE TECHNOLOGIES, INC.

FILED
Apr 28 1997 8:00am
Secretary of State



Principal Place of Business
310 PENNELL CIRCLE, #6
TALLAHASSEE FL 32310

Mailing Address
C/O GOUZE, PHILIP J., ESQ.
1215 SE 2ND AVE., SUITE 201
FT. LAUDERDALE FL 33316-1807

2. Principal Place of Business 21 164 GALEN STR. #31 Suite, Apt. #, etc. 22 WATERTOWN MA City & State 23	26 Mailing Address 26 164 GALEN str. Suite, Apt. #, etc. 27 #31 City & State 28 WATERTOWN, MA	3. Date Incorporated or Qualified 08/28/1995	3a. Date of Last Report 05/01/1996
25 ZIP 02172 24	25 Country USA 29 Zip 02172 30 Country USA	4. FEI Number 59-3334104	Applied For Not Applicable
9. Name and Address of Current Registered Agent GOUZE, PHILIP J ESQ 1215 SE 2ND AVE, SUITE 201 FT LAUDERDALE FL 33308		5. Certificate of Status Desired □	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution □	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes □ Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent A. Eugene Lewis		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 A. Eugene Lewis		DATE 04/19/97	
Signature, typed or printed name of registered agent and title, if applicable		(NOTE: Registered Agent signature required when relating)	

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD NAZARENKO ALEXANDER B 164 GALEN STR. #31 WATERTOWN MA 02172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D VICTOR PAK 164 GALEN str. #31 WATERTOWN MA 02172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/96)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0278254