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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Jan 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
D:VISION OF CORPORATIONS

DOCUMENT # P95000071661 (9)

DISPIRITO INC.

Principal Place of Business Mailing Address 3500 MYSTIC POINT DRIVE 3500 MYSTIC POINT DRIVE TOWER 400. APT. 3905 TOWER 400, APT, 3905 AVENTURA FL **AVENTURA FL 33180-2578** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/15/1995 05/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0655940 21 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution П Added to Fees Žφ Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 30 Yes No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B**1 Name DISPIRITO, JOHN A 3500 MYSTIC POINT DRIVE 62 Street Address (P.O. Box Number is Not Acceptable) TOWER 400, APT. 3905 83 AVENTURA FL 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 farm far with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registers a lagent and tille if applicable (NOT): Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) DELETE 1.1 TITLE Change Addition TITLE DISPIRITO, JOHN NAME 1.2 NAME 3500 MYSTIC PT DRIVE TOWER 400 APT 3905 STREET ADDRESS 1.3 STREET ADDRESS AVENTURA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition 2.2 NAME STREET ADDRESS: 2.3 STREET ADDRESS 2.4 CITY - ST-ZIP DELETE THILE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY - ST - ZiP 3.4 CITY-ST-ZIP DELETE TITLE 4.1.711LE Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST - ZIP DELETE 5 1 TITLE Change Addition TITLE NAME 5 2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - S* - ZIP 5.4 CITY - ST - ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6 3 STREET ADDRESS** 6.4 CITY-ST-ZIP

14. I do hereny certify that the information supplied with this fining 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 orrector 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 LYME OF SIGNING OFFICER OR DIFFECTOR.

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