

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

**FILED**  
**Jun 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000073854 (8)**  
 1. Corporation Name  
**THE OTHER SIDE, INC.**



Principal Place of Business <b>7504 SOUTH WATERWAY DRIVE MIAMI FL 33155</b>	Mailing Address <b>7504 SOUTH WATERWAY DRIVE MIAMI FL 33155-2710</b>
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3. Date Incorporated or Qualified <b>09/25/1995</b>		3a. Date of Last Report <b>05/21/1996</b>	
2. Principal Place of Business 21 <b>296 NW LaJenne Rd.</b>	2a. Mailing Address 26 <b>Same</b>	4. FEI Number <b>65-0608832</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State <b>Miami, FL</b>	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip <b>33126</b>	25 Country <b>USA</b>	29 Zip	30 Country
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				10. Name and Address of New Registered Agent			
<b>CARABEO, ROBERTO</b> <b>7504 SOUTH WATERWAY DRIVE</b> <b>MIAMI FL 33155</b>				81 Name	<b>Emilio Quasada</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>296 NW LaJenne</b>		
				83			
				84 City	<b>Miami</b>	85 State	<b>FL</b>

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 *Emilio Quasada* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D CARABEO, ROBERTO</b>	1.2 NAME	<b>D Emilio Quasada</b>
STREET ADDRESS	<b>7504 S WATERWAY DRIVE</b>	1.3 STREET ADDRESS	<b>296 NW LaJenne Rd.</b>
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	1.4 CITY-ST-ZIP	<b>Miami, FL 33126</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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 changed with an address.

SIGNATURE *Emilio Quasada* REQUIRED

CR2E034 (9/96)