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

PROFIT CORPORATION ANNUAL REPORT



9. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT CHISTATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

LOPEZ, KIMBERLY MAY

MIAMI-FL 33014

18965 LAKE LURE COURT

POCUMENT # P95000083004 (8)

PLEIADIAN INC.

PLEIADIAN INC.						
Principal Place	of Business	Mailing Addre				
13965 LAKE LURE COURT 13965 LAKE LURE CC MIAMI FL 33014 MIAMI FL 33014-3048						
				3. Date Incorporated or Qualified 10/27/1995	3a. Date of Last Report 07/23/1996	
2. Principal Pla	2. Principal Place of Business		dress	4. FEI Number 65-0617323	Applied For Not Applica	
Suite, Apt #	Suite, Apt. #, etc.		#, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		0	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has trability for	intangible tax under s. 199.032,	

11. Pursount 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. Thereby accept the appointment as registered agent. Lam familiar valt, and accept the originations of, Section 607.0505, Florida Statutes.

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Name

SIGNATURE	Willy and anone of the	CHARO (SPEZ V 1/23/97		
- SIGNATORE		OTE. Begistered Agent signature	required when reinstating) DATE		
12.	OFFICERS AND WIRE CTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TILF +	DELETE	11 TITLE	Change Addition		
NAME	LOPEZ, KIMBERLY M	1.2 NAME			
STREET ADDRESS	-1995 LAKE LURE COURT	1.3 STREET ADDRESS			
COLY ST 20	-MAMI FL-	1.4 CITY - ST - ZIP			
THEF	DP DELETE	2 1 TITLE	Change Addition		
NAME	LOPEZ, RICHARD	2.2 NAME			
STREET ADDRESS	13965 LAKE LURE COURT	23 STREFT ADDRESS			
CITY ST ZIP	MIAMI FL	2. 4 CITY-ST-20			
THUS	DELETE	3.1 TITLE	☐ Change ☐ Addition		
NAMe		3.2 NAME			
S REET ADDRESS.		3.3 STREET ADDRESS			
CITY - \$1 - 2FF		3.4 CITY-ST-ZIP			
भव	DELETE	4.1 TITLE	Change Addition		
NAME		4 2 NAME			
STEEL ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY - ST - ZIP			
Title	DELETE	5.1 TITLE	Change Addition		
NAM:		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS	110 2-01		
CITY+ST ZIP		5.4 City-St-ZiP	115021		
TITLE	DELETE	6.1 TITLE	Change Addition		
NAMI.		6.2 NAME 2	000002121020		
STREET ADDRESS.		6.3 STREET ADDRESS	000002121020 -03/21/9701109043		
CITY \$1-71		6 4 CITY - ST- ZIP	***165.00		

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 or in attachment with an address.

RKESIDENT

FILED

Mar 21 1997 8:00am

Secretary of State

10. Name and Address of New Registered Agent

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees