

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

**FILED**

**May 13 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 # P95000085281 (0)**

1. Corporation Name:  
**FOR YOU ONLY, INC.**



Principal Place of Business <b>17011 N. BAY ROAD, #606 MIAMI BEACH FL 33160</b>	Mailing Address <b>17011 N. BAY ROAD, #606 MIAMI BEACH FL 33160-3631</b>
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3. Date Incorporated or Qualified <b>11/07/1995</b>	3a. Date of Last Report <b>06/27/1996</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number <b>65-0620595</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 <b>MAZUR, ANNETTE 17011 N. BAY ROAD, #606 MIAMI BEACH FL 33160</b>	
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10. Name and Address of New Registered Agent	
81. Name <b>KARL H. MAX</b>	
82. Street Address (P.O. Box Number is Not Acceptable) <b>17011 N. BAY RD., #606</b>	
83.	
84. City <b>MIAMI BEACH</b>	85. Zip Code <b>FL 33160</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: *KARL H. MAX* DATE: 4/30/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>PTD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAZUR, ANNETTE</b>	
STREET ADDRESS	<b>17011 N. BAY ROAD, #606</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33160</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>MAX, KARL H</b>	
STREET ADDRESS	<b>17011 N. BAY ROAD, #606</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33160</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>WILFRIED KUEGLER</b>	
1.3 STREET ADDRESS	<b>100 BISCAYNE BLVD., 21ST FLOOR</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33132</b>	
2.1 TITLE	<b>PTSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>KARL H. MAX</b>	
2.3 STREET ADDRESS	<b>17011 N. BAY RD., #606</b>	
2.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33160</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *KARL H. MAX* DATE: 4/30/97 (305) 944-0144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0217553

CR2E034 (9/96)