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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000094115 (9)

1. Corporation Name
STROM, INC.

Principal Place of Business
C/O RONALD GOULD
1110 BRICKELL AVENUE 7TH FLOOR
MIAMI FL 33131

Mailing Address
C/O RONALD GOULD
1110 BRICKELL AVENUE 7TH FLOOR
MIAMI FL 33131-3132



2. Principal Place of Business
21 9737 NW 41 ST #225
2a. Mailing Address
26 6190 NW 173 ST #620

State, Apt. #, etc.
22
State, Apt. #, etc.
27

City & State
23 MIAMI FL 33178
City & State
28 MIAMI FL

Zip
24 33178
Country
25 USA
Zip
29 33015
Country
30 USA

3. Date Incorporated or Qualified
12/12/1995
3a. Date of Last Report
05/31/1996

4. FEI Number
65-0648135
Applied For
Not Applicable

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 No

Name and Address of Current Registered Agent
GOULD, RONALD
1110 BRICKELL AVENUE
7TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
HUBERT WEICHSELBAUMER
82 Street Address (P.O. Box Number is Not Acceptable)
6190 NW 173 ST #620
83
84 City
MIAMI
FL
85 Zip Code
33015

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, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE
HUBERT WEICHSELBAUMER PRESIDENT
DATE
04/24/97

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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 executor 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, or in an amendment with an address.

SIGNATURE: X
HUBERT WEICHSELBAUMER
DATE
4/24/97
(305) 512-8910

CR2E034 (9/96)