

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

FILED

Feb 25 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000096706 (3)**

1. Corporation Name  
**VOYAGER ASSISTANCE NETWORK, INC.**



Principal Place of Business <b>2620 SW 27TH AVENUE</b> <b>FOURTH FLOOR</b> <b>MIAMI FL 33133</b>	Mailing Address <b>2620 SW 27TH AVENUE</b> <b>FOURTH FLOOR</b> <b>MIAMI FL 33133-3001</b>
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<b>21</b> Principal Place of Business Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a</b> Mailing Address Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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<b>3</b> Date Incorporated or Qualified <b>12/21/1995</b>	<b>3a</b> Date of Last Report <b>05/01/1996</b>
<b>4</b> FEI Number <b>APPLIED FOR 65-0648124</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9</b> Name and Address of Current Registered Agent <b>DE ARMAS, ELOY</b> <b>2620 SW 27TH AVENUE</b> <b>FOURTH FLOOR</b> <b>MIAMI FL 33133</b>
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<b>10</b> Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	DC <input type="checkbox"/> DELETE
NAME	SIERRA, ANTONIO M
STREET ADDRESS	2600 DOUGLAS ROAD #410
CITY - ST - ZIP	CORAL GABLES FL 33134
TITLE	D <input type="checkbox"/> DELETE
NAME	DE ARMAS, ELOY
STREET ADDRESS	2620 SW 27TH AVENUE
CITY - ST - ZIP	MIAMI FL 33133
TITLE	DST <input type="checkbox"/> DELETE
NAME	CHAMBLISS, CHRISTOPHER
STREET ADDRESS	2620 SW 27TH AVENUE
CITY - ST - ZIP	MIAMI FL 33133
TITLE	DP <input type="checkbox"/> DELETE
NAME	MAZAL, ALEJANDRO
STREET ADDRESS	200 SE 1ST STREET SUITE 503
CITY - ST - ZIP	MIAMI FL 33131
TITLE	DVP <input type="checkbox"/> DELETE
NAME	POQUET, JOSEPH
STREET ADDRESS	200 SE 1ST STREET SUITE 503
CITY - ST - ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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: [Signature] 2/26/97 305 529-6777  
 \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)