
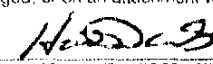


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 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 # 296000001223			
1. Corporation Name SFCDD RESEARCH, INC.			
Principal Place of Business 6280 SUNSET DRIVE #600 MIAMI, FL 33143		Mailing Address	
2. Principal Place of Business 21 8950 N KENDALL DRIVE Suite, Apt. #, etc. 22 SUITE 508 City & State 23 MIAMI, FL Zip 24 33156		2a. Mailing Address 25 #508 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 US	
3. Date Incorporated or Qualified 12/28/95		3a. Date of Last Report 1996	
4. FEI Number 65-0630562		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent PROFESSIONAL REGISTERED AGENTS CORP. 200 S BISCAYNE BLVD. SUITE 2350 MIAMI, FL 33131		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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, in full and with, and accept the obligations of, Section 607.0505, Florida Statutes			
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS 1.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP 1.2 TITLE NAME STREET ADDRESS CITY, ST, ZIP 1.3 TITLE NAME STREET ADDRESS CITY, ST, ZIP 1.4 TITLE NAME STREET ADDRESS CITY, ST, ZIP 1.5 TITLE NAME STREET ADDRESS CITY, ST, ZIP 1.6 TITLE NAME STREET ADDRESS CITY, ST, ZIP 1.7 TITLE NAME STREET ADDRESS CITY, ST, ZIP 1.8 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 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.		600002163636 -05/02/97--01084--014 ***165.00	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/21/97 Daytime Phone #: 578-3125	

CR2E034 (9/96)