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May 13 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 # **P96000005087 (7)**

1. Corporation Name
THUNDERSTAR RECOVERY SYSTEMS CORPORATION

Principal Place of Business
25 S.E. 2ND AVE.
MIAMI FL 33131

Mailing Address
9400 S. DADELAND BLVD.
SUITE 605
MIAMI FL 33156-2864

3. Date Incorporated or Qualified: **01/16/1996**
3a. Date of Last Report:

2. Principal Place of Business
21 25 S.E. 2ND AVENUE
Suite, Apt. #, etc.
22 SUITE 1120
City & State
23 MIAMI, FL
Zip 24 33131 Country 25

2a. Mailing Address
26 25 S.E. 2ND AVENUE
Suite, Apt. #, etc.
27 SUITE 1120
City & State
28 MIAMI, FL
Zip 29 33131 Country 30

4. FEI Number: 65-0651682 [ ] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent
ELIOT, NORMAN A C.P.A.
9400 S. DADELAND BLVD.
SUITE 605
MIAMI FL 33156

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. I am familiar 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

TITLE	D	[ ] DELETE
NAME	COHEN, STEFAN A	
STREET ADDRESS	5055 COLLINS AVE. #14J	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P,S,C	[X] Change [ ] Addition
1.2 NAME	STEFAN A. COHEN	
1.3 STREET ADDRESS	5055 COLLINS AVENUE, #14J	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
2.1 TITLE	V,D	[ ] Change [X] Addition
2.2 NAME	CANDICE N. COHEN	
2.3 STREET ADDRESS	5055 COLLINS AVENUE, #14J	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Stefan Cohen 04/30/97 (305) 374-2606