

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

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Apr 07 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 # P96000008373 (8)

1. Corporation Name
1040 I.T.S., INC.



Principal Place of Business
**901 N.E. 125TH ST.
 SUITE 101B
 NORTH MIAMI FL 33161**

Mailing Address
**901 N.E. 125TH ST.
 SUITE 101B
 NORTH MIAMI FL 33161-5718**

3. Date Incorporated or Qualified 01/26/1996	3a. Date of Last Report
4. FEI Number 65-0635938	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 901 NE 125th St. Suite, Apt. #, etc. 22 Suite 104 City & State 23 North Miami, FL Zip 24 33161	2a. Mailing Address 26 901 NE 125th St. Suite, Apt. #, etc. 27 Suite 104 City & State 28 North Miami, FL Zip 29 33161	Country 25 Dade	Country 30 Dade
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9. Name and Address of Current Registered Agent PADILLA, HENRY 901 N.E. 125TH ST. SUITE 101B NORTH MIAMI FL 33161	10. Name and Address of New Registered Agent 81 Name Padilla, Henry 82 Street Address (P.O. Box Numbers Not Accept) 901 NE 125th St 83 Suite 104 84 City North Miami FL 85 Zip Code 33161
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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: *[Signature]* DATE: **1/2/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADILLA, HENRY	1.2 NAME	Padilla, Henry
STREET ADDRESS	901 N.E. 125TH STREET SUITE 101B	1.3 STREET ADDRESS	901 N.E. 125TH STREET SUITE 104
CITY-ST-ZIP	NORTH MIAMI FL 33161	1.4 CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* DATE: **1/2/97** DAYTIME PHONE #: **305-895-3022**

CR2E034 (9/96)