


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

FILED
Sep 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *96000013021*

1. Corporation Name
Seventh Avenue B.P. Corp.

Principal Place of Business	Mailing Address
715 Opa Locka Blvd. Miami, FL 33137	715 Opa Locka Blvd. Miami, FL 33137

2. Principal Place of Business	2a. Mailing Address
21 715 Opa Locka Blvd	26 715 Opa Locka Blvd.
Suite, Apt #, etc. 22 N/A	Suite, Apt #, etc. 27 N/A
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33137	Country 25 USA
Country 25 USA	Zip 29 33137
Country 25 USA	Country 30 USA

3. Date Incorporated or Qualified 2/12/96	3a. Date of Last Report 2/12/96
4. FEI Number 65-0638779	Applied For <input type="checkbox"/>
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	

9. Name and Address of Current Registered Agent

Juan L. Torrens
10851 SW 2 Street, K-104
Miami, FL 33174

10. Name and Address of New Registered Agent

81 Name **Mario H. Pena**

82 Street Address (P.O. Box Number is Not Acceptable)
715 Opa Locka Blvd.

83

84 City **Miami** **FL** 85 Zip Code **33137**

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 *Mario H. Pena* **Mario H. Pena D,P,V,S,T** **8/29/97**

Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D, P, V, S, T	<input type="checkbox"/> DELETE
NAME	Mario H. Pena	
STREET ADDRESS	715 Opa Locka Blvd.	
CITY-ST-ZIP	Miami, FL 33137	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	

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9-10-97

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: *Mario H. Pena* **8/29/97** **305-688-7272**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)