

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortimer**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

97 JUN 27 PM 3:41

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # P96000020309 (6)**  
 1. Corporation Name  
**AWARDS UNIVERSE, INC.**

Principal Place of Business: **2140 SW 97 AVE MIAMI FL 33165**  
 Mailing Address: **2140 SW 97 AVE MIAMI FL 33165-8008**

3. Date Incorporated or Qualified: **03/04/1996**      3a. Date of Last Report  
 4. FEI Number: **65-0760212**      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:  Yes  No

2. Principal Place of Business (21)      2a. Mailing Address (26)  
 Suite, Apt. #, etc. (22)      Suite, Apt. #, etc. (27)  
 City & State (23)      City & State (28)  
 Zip (24)      Country (25)      Zip (29)      Country (30)

9. Name and Address of Current Registered Agent  
**RODRIGUEZ, JUAN M**  
**2140 SW 97 AVE**  
**MIAMI FL 33165**

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City      FL      B5 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, JUAN M	
STREET ADDRESS	2140 SW 97 AVE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, JUAN D	
STREET ADDRESS	2140 SW 97 AVE	
CITY-ST-ZIP	MIAMI FL 33165	
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	<b>70000228857--8</b>
1.4 CITY-ST-ZIP	<b>-07/02/97--01045--025</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>***165.00 ***165.00</b>
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: \_\_\_\_\_      4/30/97      (305)266-3090

CR2E034 (9/96)